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Letter dated 13 February 1998 from the Chairman of the Phase IV Working Group on Reimbursement of Contingent-owned Equipment to the Chairman of the Fifth Committee

In my capacity as Chairman of the Phase IV Working Group on Reimbursement of Contingent-owned Equipment, I have the honour to transmit to the Fifth Committee the report of the Working Group dated 13 February 1998.

(Signed) Brigadier General Riad **Dalabih**
Chairman
Phase IV Working Group

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Report of the Phase IV Working Group on Reimbursement of Contingent-owned Equipment

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I. Introduction

1. The Phase IV Working Group on Contingent-owned Equipment, established pursuant to General Assembly resolutions 49/233 A of 23 December 1994 and 51/218 E of 17 June 1997, convened from 9 to 13 February 1998 to examine issues related to the implementation of the reformed procedures for determining reimbursement to Member States for contingent-owned equipment.

2. The Working Group conducted its deliberations taking note of the reports of the Phase II and Phase III working groups (A/C.5/49/66 and A/C.5/49/70), the report of the Secretary-General (A/50/807), the report of the Advisory Committee on Administrative and Budgetary Questions (A/50/887) and the Model Memorandum of Understanding submitted by the Secretary-General on 27 August 1997 (A/51/967).

3. The recommendations contained in section IV of the present report must be read in conjunction with the recommendations contained in the Phase II and Phase III reports. In some cases the recommendations of the present report override those contained in the Phase II and/or Phase III reports. Notwithstanding, all three reports must be seen as being complementary.

4. The Working Group, presented with a number of issue papers prepared by various Member States and the Secretariat, referred the detailed study of those issue papers to sub-working group or plenary sessions depending upon the nature and complexity of the issue under review. The present report summarizes the discussions and key recommendations of the Working Group. The issue papers contained in the annexes to the present report provide additional rationale and technical considerations and as such constitute essential complementary information upon which the recommendations should be analysed and implemented. The Working Group addressed the following issues, grouped into three major categories, and made recommendations thereon:

(a) Legal issues:

(i) Legally binding aspects of the Memorandum of Understanding;

(ii) Levels of reimbursement for losses or damage in cases of hostile action or forced abandonment;

(iii) Dispute resolution;

(b) Contingent-owned Equipment: policies and procedures:

(i) United Nations responsibility for loss or damage during transportation;

(ii) Universality of mission factors;

(iii) Period of reimbursement;

(iv) Status of the COE Manual;

(v) Establishing dates for applying procedures in current missions;

(vi) Retroactive implementation;

(vii) United Nations standards of logistic support;

(viii) Reimbursement rate for late return of equipment from mission area;

(c) Major equipment, self-sustainment and medical support:

(i) Review of major equipment standards;

(ii) Review of self-sustainment categories;

(iii) Review of levels of medical support.

5. The Phase IV Working Group was chaired by Brigadier General Riad Dalabih, of the Jordanian delegation. Brigadier General Roland Hans Ertl, of the Austrian delegation, acted as Vice-Chairman, and Major Clifford Beattie, of the Canadian delegation, was elected Rapporteur.

II. Summary of statements from the Secretariat

6. Mr. Bernard Miyet, Under-Secretary-General, Department of Peacekeeping Operations, welcomed all participants and expressed his appreciation for the continued support of the Member States in assisting the Secretariat in putting into place better management procedures. He reiterated the General Assembly's request for the Secretariat and the Member States to review progress made to date. He stated that progress made to date did not support the notion of cost neutrality between the new and the old system. He reminded the Working Group that the intent of the new procedures was to ensure equitable reimbursement to the troop-contributing countries while ensuring that the interests of the Organization were protected. He also indicated that there was a need for the Working Group to make sound recommendations as its report would be closely scrutinized by all members of the Organization.

7. Mr. Hocine Medili, Director, Field Administration and Logistics Division, acknowledged the importance of implementing the new contingent-owned equipment system

within the United Nations. He indicated that new process must result in a streamlined administrative and support system while at the same time be able to maintain the ability to provide full support to deployed missions. The retroactive implementation of the contingent-owned equipment process did not take into consideration the size and complexity of the missions and, as a result, the costs incurred by the United Nations might actually increase. Concern was raised as to whether valid comparisons could be made between the old and the new systems. The Director indicated that the Secretariat had prepared a number of issue papers to facilitate the deliberations of the Working Group.

III. Summary of discussions and presentations in the Working Group

Assignment of issue paper and focal point responsibilities

8. The delegations to the Phase IV Working Group agreed to the categorization and assignment of issue paper focal point responsibilities as shown in annex II to the present report.

Presentation of the Secretariat to the plenary session of the Working Group

9. The Secretariat tabled two procedural issues related to the mandate of the Phase IV Working Group and two discussion papers on the topic of retroactive implementation of the new procedures and the need to have a limitation to contingent-owned reimbursement for lost and abandoned equipment in cases of hostile action or forced abandonment.

10. Pursuant to the provisions contained in the Phase III Working Group report (A/C.5/49/70, para. 51 (c)), paragraphs 4 to 6 of General Assembly resolution 50/222 of 11 April 1996 and paragraph 2 of General Assembly resolution 51/218 E, the Secretariat reminded the Working Group that the purpose of the Phase IV Working Group was to review the rates published in the Phase III report (A/C.5/49/70) and to facilitate the preparation of the first-year report requested by the General Assembly. The Secretariat advised the Working Group that the Secretariat had prepared a number of issue papers to facilitate achievement of the mandate of the Group.

11. With respect to the retroactive implementation of the new procedures, as mandated by the General Assembly in its resolutions 50/222 and 51/218 E, the Secretariat stressed that the retroactive implementation of the new reimbursement procedures was not sustaining the cost neutrality notion and that related costs under the new system were not within the 10 per cent budgeted for contingent-owned equipment reimbursement under the old methodology. The Secretariat also stated that it was not the intention of the Secretary-General or the Secretariat to question the validity of the new system or to modify the procedures at the current stage of implementation. The Secretariat requested that the Working Group support the Secretariat position that the retroactive application of the new procedures would not be cost neutral and support its recommendation to the General Assembly to consider the means to address the matter (additional funding or adjusting the reimbursement rates).

12. The Secretariat also requested the Phase IV Working Group to support the Secretariat position that the General Assembly should place a limit on the amount reimbursable for loss or damage of contingent-owned equipment in cases of hostile actions or forced abandonment.

A. Legal issues

1. Legally binding aspects of the Memorandum of Understanding

13. The Working Group undertook to examine certain legal aspects of entering into binding arrangements for contingent-owned equipment between the United Nations and participating countries. Most Member States felt that the question of the Model Memorandum of Understanding being legally binding on the Organization and the participating country needed to be reviewed in view of the fact that many Member States may have to subject the documents to time-consuming processing, resulting in delays in deployment of the equipment. Therefore, it was felt that an element of flexibility should be incorporated in the form of the document to allow Member States to enter into the arrangements for contingent-owned equipment through an instrument mutually decided between the United Nations and the Member State.

2. Levels of reimbursement for loss or damage in cases of hostile action or forced abandonment

14. The Secretariat requested that the Working Group address its proposal to establish financial limits on claims for reimbursement to troop-contributing countries for their contingent-owned equipment which was damaged, destroyed or abandoned as a result of hostile action in missions in which they participated. The Working Group felt that troop-contributing countries were entitled to make such claims for

reimbursement. The Group did not believe that there should be limits on justified claims. The Member States should share the financial liability of such claims through their peacekeeping assessments. However, in view of the possibility of large claims, it was felt that the Secretariat should develop appropriate procedures for handling all such claims.

3. Dispute resolution

15. The Working Group addressed the perceived problems related to the dispute resolution procedures concerning contingent-owned equipment arrangements between the United Nations and participating nations. The members of the Working Group recalled that a number of issues in the Model Memorandum of Understanding submitted by the Secretary-General on 27 August 1997 (A/51/967) are still under consideration by Member States. Without prejudicing those discussions, on the specific question of dispute resolution, the Group felt that procedures described in the Model Memorandum of Understanding and the Manual on Policies and Procedures concerning Reimbursement and Control of Contingent-owned Equipment of Troop-Contributing Countries Participating in Peacekeeping Missions (the COE Manual) are inadequate, in that, article 13.1 to 13.3 of the Memorandum/Manual do not sufficiently describe procedures at the lower levels where disputes will actually be settled. The Group felt that lower-level procedures should be better developed and suggested how this could be accomplished.

B. Contingent-owned equipment: policies and procedures

1. United Nations responsibility for loss or damage during transportation

16. The Phase II Working Group in its report (A/C.5/49/66, para.50) states that "liability for shipment loss or damage should be assumed by the party arranging the shipment". The Working Group was satisfied with the intent of this text, but suggested two changes. The word "shipment" should be replaced by the word "transportation" to avoid misinterpretation, and the key terms "loss or damage" need to be clarified. Several delegations have had the experience that when the United Nations is arranging the transportation, only the total loss is covered by the Organization. Significant damage may occur during transportation which is not covered by the United Nations.

2. Universality of mission factors

17. The Working Group was asked to clarify whether the mission factors should be universally applied throughout the mission or different factors should be applied to various areas depending upon the size of the mission area.

18. In accordance with the Phase III Working Group report (A/C.5/49/70), mission factors are developed based on the initial technical survey of the mission. The proposal of the technical survey team is presented to the Military Adviser to the Secretary-General and the Director, Field Administration and Logistics Division, for review and approval. Subsequently they are included for consideration by the General Assembly in the peacekeeping budgets. These factors are subject to review should circumstances change. Furthermore, in the case of environmental and intensified operational conditions, the Phase III Group indicates that "such increments would only be proposed under conditions of significant anticipated additional costs to a contingent" (ibid., para. 49). The procedures to determine these factors are reflected in the COE Manual based on guidelines provided by the Group (ibid.). It should be noted that it is stated in Phase III issue paper 7, dated 18 July 1995, that the intensified operational usage factor will apply only to missions with a peacekeeping character where no peacekeeping or ceasefire has been negotiated. This condition is not reflected in the Phase III Group's report. When negotiating Memoranda of Understanding with troop-contributing countries, the level of such factors is often the subject of discussion, with individual troop contributors expressing the view that their conditions in the mission area warrant higher factors.

19. In the Model Memorandum of Understanding (A/51/967), the Secretary-General indicated that mission factors would be applied "universally" to all troop-contributing countries deployed in a mission area. The Phase III Working Group in its report did not specifically state that, for missions where mission factors were permissible, all troop-contributing countries of that mission would be in a position to claim the same mission factor rates regardless of their location in the mission area. Given this situation, the Phase IV Working Group discussed a number of scenarios, including that of defining (for the purpose of claiming mission factor increments) specific areas/locations within the mission area. The Working Group determined that all three mission factors (the hostile action/forced abandonment factor, the extreme environmental factor as well as the intensified operational conditions factor) should be applied universally at the same rate to all troop-contributing countries.

20. The Phase III Working Group in its report indicates mission factors are subject to subsequent review should circumstances change. Notwithstanding, the Phase IV Working Group considered the mandatory review of mission factors.

3. Period of reimbursement

21. The Phase IV Working Group was requested by the Secretariat to clarify the policy on the dates and conditions under which reimbursements to troop contributors should cease, following termination of a peacekeeping mission.

22. Under article 6.4 of the Model Memorandum of Understanding: "The payment of troop costs, the lease and self-sustainment rates will be calculated from the date of arrival of personnel or equipment in the mission area and will remain in effect until the date the personnel and/or equipment ceases to be employed in the mission area, as determined by the Organization." The term "ceases to be employed" is vague and in some cases has been interpreted to mean that all categories of reimbursements should cease after the last day of operational tasking. Troop contributors and Force Commanders, expressing a contrary view, advocated that reimbursements should continue until the date of departure from the mission area. A clarification of policy in this area is therefore required.

23. It is generally recognized that there is a need for a reasonable period of time after completion of operational taskings to allow a contingent to withdraw from or close out facilities, prepare personnel and equipment, and complete other administrative tasks prior to repatriation. A drawdown plan should be developed by the Secretariat in consultation with the Force Commander, the chief administrative officer and contingents to ensure an orderly departure from the mission area. As contingent personnel will normally be employed in close-out activities until departure, troop reimbursements should continue until personnel depart according to the drawdown plan. If a contingent's departure is delayed pending availability of United Nations chartered transport, troop reimbursements should continue as the delay is beyond the control of the contingent.

24. It is also not reasonable to expect that all categories of reimbursement should continue at full rates until a contingent's departure from the mission area. With the cessation of operational taskings, overall mission activity levels are lessened. The wear and tear on operational equipment is lower; consequently, repair activity and the associated demand for spare parts and other consumables should be lower. It is therefore to be expected that reimbursement levels for major equipment leases and self-sustainment should be reduced.

25. One option would be to reduce or discontinue lease arrangements for major equipment and self-sustainment categories directly related to operations. Reimbursements for equipment and self-sustainment related to logistic support and administration would continue until the departure of the contingent. After considering this option, it was determined that the option could become complex and difficult for troop contributors and the Secretariat to negotiate.

26. A second option would be to decide upon a straight percentage reduction of major equipment leases and self-sustainment reimbursements, to take effect after cessation of operational taskings. As mentioned above, this would reduce the contingent's expenditures on equipment maintenance and several sustainment categories related to operations. A straight percentage reduction would also offer the advantages of simplicity and equity among contingents in the same mission area.

4. Status of the COE Manual

27. The Working Group was requested by the Secretariat to establish a mechanism for review and verification of the COE Manual so that it might fully reflect the intention of the Phase II, III, and IV Working Group reports.

28. It was found that some recommendations of the Phase II and Phase III Working Groups were not clearly reflected in the COE Manual as approved by the Fifth Committee. There was acknowledgement that the manual itself, whose drafting was considered to be within the responsibility of the Secretariat, did not create any new obligations but only served the purpose of equipping the United Nations Headquarters and field missions with clear guidelines based on the decisions of the General Assembly.

5. Establishing dates for applying procedures in current missions

29. The Working Group was asked to establish or recommend a date on which all missions would be operating under the new system and to avoid operating with two reimbursement systems in one mission.

30. In its report the Phase III Working Group stated (A/C.5/49/70, paras. 51 (a) and (b)) that the new reimbursement methodology should be fully implemented in the budgetary period commencing 1 July 1996, and that for missions activated prior to 1 July 1996 (A/C.5/49/66, para. 55), troop-contributing countries have the option to

accept reimbursement under either the new or the old reimbursement methodology. In order to achieve the full effect of the system, the present Working Group recommends that the Secretariat make preparations for implementing the system to all missions. The following items should be specifically addressed by the Secretariat:

(a) Possible reconfiguration of supply system in old missions;

(b) Level of support the troop-contributing countries can expect from the Organization;

(c) Arrangements for bilateral agreements between troop-contributing countries participating in missions;

(d) Budgetary consequences for the missions;

(e) Preparation of Memoranda of Understanding for troop-contributing countries;

(f) Retroactive implementation to the missions.

31. It was noted that the new system is already operational having commenced on 1 July 1996. Troop-contributing countries that wish to convert to the new system can do so now and many have already done so. A proposal was made to fully introduce the new system to all missions by 1 July 1999. That date was supported by many on the grounds that it was reasonably close and coincided with the new United Nations budget period. However, the Secretariat pointed out that the date was not workable because the budgets for that period were already being worked on. It was also pointed out that the decision on the date entailed detailed analysis of numerous factors and that the process required time.

32. A transitional plan towards the new system was then proposed which would take into account all relevant factors and determine the date. The Secretariat pointed out that a minimum of six months was required for such a plan to be elaborated.

6. Retroactive implementation

33. In his report of 8 December 1995 (A/50/807) on the reform of the procedure for determining reimbursement to Member States for contingent-owned equipment, the Secretary-General states in the summary that "acceptance by the General Assembly of these concepts should not result in additional costs to peacekeeping mission budgets. While there is expectation that some savings are likely to accrue, it is not possible to indicate what they might be in the absence of actual implementing experience". In its resolution 50/222, the General Assembly decided that the reform procedures shall be in place from 1 July 1996 and that for missions activated prior to 1 July 1996, troop-contributing countries have the option to accept reimbursement under either the new or the old reimbursement methodology. In its resolution 51/218 E, the Assembly reiterated that, for missions activated prior to 1 July 1996, countries have the option to accept reimbursement under either the new or the old reimbursement methodology.

34. The Secretariat requested the Phase IV Working Group to provide a statement acknowledging the financial difficulties of implementing the new contingent-owned equipment procedures retroactively. Few facts were presented by the Secretariat regarding the additional expenses incurred by applying the new system retroactively. The Secretariat did indicate that the expenses exceeded the approved level of 10 per cent contingent-owned equipment value in mission budgets. In some cases this figure reached 19 per cent.

35. It was generally agreed that it was quite difficult to apply the new system retroactively. The old system was very complicated and many troop-contributing countries had chosen the new system to ease the administrative burden. Many agreed that applying the new proactive system to missions established under the old reactive system might create unforeseen financial problems. However, what the Secretariat proposed would jeopardize already negotiated or pending contingent-owned equipment agreements. Member States mentioned that changing rules at the current stage would create political issues. The Secretariat, however, indicated that finalized agreements should not be reopened. The Phase IV Working Group continues to support the new system of contingent-owned equipment reimbursements and recognizes that savings, in both financial and human resources, under the new system will be realized in the future.

7. United Nations standards of logistic support

36. The Phase II Working Group in its report (A/C.5/49/66, para. 29) lists the range of logistic goods and services normally provided by the United Nations to field mission contingents. Guidance on the logistic support concept and the detailed logistic arrangements for a mission are outlined in the mission support plan and in the guidelines to troop contributors. However, there has been little if any work done so far to develop clear, measurable standards for United Nations logistic support which could be used by troop contributors to evaluate the requirement to provide their contingent with the appropriate level of integral logistic resources. Furthermore, the lack of defined logistic standards makes it difficult for deployed contingents to determine if the calibre of support being provided in a mission area is

sufficient. The lack of precision in this area leads to frequent disputes between contingents and field mission headquarters staffs.

37. One of the principles of the contingent-owned equipment reimbursement and control system is that logistic support should be high-quality and cost-effective. Performance standards have been developed for major equipment and self-sustainment reimbursement. These provide a basis for both troop contributors and the United Nations to make plans and verify compliance prior to certification for the appropriate reimbursements. What is currently lacking are comparable operating standards for the United Nations when it is providing various categories of logistic goods and services to contingents in the field.

38. The benefit to be gained from these standards would be that both troop contributors and the Secretariat would have a better understanding of the quality and level of logistic support to be provided in the field. With this information available, troop contributors could make better plans for the organization, equipping and staffing of their contingents. The United Nations would also have a better information base upon which to plan its support arrangements for a mission area.

8. Reimbursement rate for late return of equipment from mission area

39. The Working Group studied the possibility of establishing a provision whereby troop-contributing countries could be reimbursed for the late return of equipment following participation in a peacekeeping mission.

40. Several Member States have expressed a concern that since the Phase IV Working Group developed a simple mechanism to determine the period of reimbursement for peacekeeping operations, there needs to be a provision for reimbursement should the transportation of the equipment be delayed. The Working Group discussed several instances where the Secretariat arranged transportation and, for one reason or another, the delivery of that equipment was delayed. Since the equipment was needed by the troop contributor, this delay placed a burden on that country. The Working Group did not see this as an issue during deployment to a mission, as the international pressure to begin the operation would overcome any obstacles in transportation. For this reason the Working Group only focused on the repatriation of the equipment. The Phase II Working Group recognized a similar problem when it recommended that, in those cases where the United Nations arranges transport, the Secretariat should strive to improve the performance of transportation contractors (A/C.5/49/66, para. 34).

41. It was agreed that the United Nations has done much to improve its ability to contract transportation and that this is reflected in improved performance by the contractors. However, in the event of unforeseen circumstances, where, e.g., the equipment is delayed beyond the expected arrival date, the Member State should not be penalized for factors beyond its control.

C. Major equipment, self-sustainment and medical support

1. Review of major equipment standards

42. The Working Group undertook a review of the following items to determine whether more detailed performance factors or a description of the equipment to be provided were required, in addition to a review of the applicable rates: bridging equipment; armoured personnel carriers; communications equipment; airfield support equipment; well drilling equipment; water treatment plants; fuel farm equipment; and night observation equipment.

43. The Working Group also attempted to arrive at a clear definition of what constitutes a military pattern piece of equipment where a minor upgrade is presented as the reason for a Troop Contributing Nation receiving standard military pattern (SMP) verses commercial rates of major equipment reimbursement.

44. The Secretariat advised that, from its perspective, there was a lack of sufficiently specific performance standards defined for such equipment, and that in some cases there was not sufficient differentiation to provide an appropriate range of equipment (i.e., by size and capability). Delegations indicated that they did not possess the necessary functional expertise to develop additional performance standards and there was a general consensus among delegates that any attempt by the Working Group to review or change existing rates would be inappropriate as there had not been appropriate experience to date with use of the existing rates in a "new mission" scenario on which to base such a review.

45. It was proposed that the Secretariat should develop an initial proposed list of additional performance standards and ranges of equipment, and that this listing be circulated to Member States for review by national functional staffs and that comments be sent back to the Secretariat. The Secretariat advised that its ability to develop such a proposal was limited by current staff levels and asked if any Member States were willing to lend assistance in the process. To this

end, both Canada and the United States of America volunteered to assist Secretariat staff with a preliminary listing for communications, airfield support, well drilling and water treatment plant equipment. The United Kingdom of Great Britain and Northern Ireland volunteered to assist Secretariat staff with a preliminary listing for night observation equipment. Other Member States are encouraged to provide similar assistance with the remaining types of equipment.

46. A discussion ensued as to whether or not the process of recognizing perceived minor upgrades of commercial equipment (such that troop-contributing countries could legitimately be entitled to SMP equipment reimbursement) should be incorporated in the COE Manual or, alternatively, be addressed within the contingent-owned equipment negotiation process between the applicable troop-contributing country and United Nations staff. Further discussion centred on the applicability of the current performance standards and the difficulty experienced by the Secretariat in applying those standards in contingent-owned equipment negotiations conducted to date.

2. Review of self-sustainment categories

Major equipment usage

47. The Working Group attempted to clarify entitlement to major equipment reimbursement when the major equipment was used to provide self-sustainment support. The deliberations of the Group resulted in a consensus opinion that, unless a contingent was providing sustainment support to other than itself (i.e., to other elements of the force), the troop contributor was entitled to sustainment reimbursement, but not to major equipment reimbursement where major equipment was employed in providing that sustainment support.

Relationship between a soldier's kit and self-sustainment

48. The Secretariat proposed that a standardized personal equipment list be developed and that any potential for duplication in reimbursements to troop-contributing countries for the same personal equipment should be identified and eliminated.

49. The Secretariat noted that, there was currently no standardized personal equipment listing which supports the payment to troop-contributing countries of the monthly $65 clothing allowance. Further, there might be a duplication in payments to troop-contributing countries, in that Member States were being reimbursed for the same equipment under the $65 payment, and again under an element (or elements) of self-sustainment reimbursement. The Working Group was requested to consider developing a standard equipment listing and, once this was done, to determine if any duplication in payments existed.

50. The consensus of the Working Group was that any such personal equipment list had to be specifically applicable to a particular mission and, to that extent, there was no requirement to develop a generic standardized listing. It was agreed that a standardized personal equipment listing must be developed for each mission as part of the mission planning process and that that listing should be included in the guidelines to troop-contributing countries for each mission.

Catering and electrical self-sustainment categories

51. The Working Group reviewed the requirement to include main camp catering and electricity generation as additional categories of self-sustainment. The Secretariat advised delegates that the elements of main camp catering and electricity generation were not clearly defined under the current contingent-owned equipment concept, and proposed that these two additional self-sustainment categories be added. The consensus decision was that the two additional categories should be added, and that the current reimbursement rates of $25.25 for outstation catering and $25.00 for outstation electricity generation should be used for main camp catering and main camp electricity generation respectively, on an interim basis until the next scheduled reimbursement rate review. At that time, more specifically applicable and appropriate rates could be developed.

Communications

52. The Secretariat advised the Working Group that each of the three communications subcategories currently had its own performance standards. However, there was an overlap whereby equipment in one category could be used to meet the standards of another subcategory. To clarify standards for communications, the Secretariat provided the Working Group with a proposed complete revision of communication performance standards. The proposed revision was reviewed extensively by the Working Group and the Head of the Communications Section, Field Administration and Logistics Division, answered questions and provided clarification on a number of points. The delegates agreed to a revised set of communication performance standards.

Office supplies

53. The Secretariat observed that there was considerable confusion regarding the number of personnel within each contingent that qualify for office self-sustainment reimbursement. The Working Group reviewed the office self-sustainment standards and agreed on a set of performance standards.

Explosive ordnance disposal

54. The Secretariat advised the Working Group that, in its opinion, the explosive ordinance disposal (EOD) self-sustainment category was intended to reimburse a Member State for its contingent's efforts in securing its accommodation areas, if a threat existed. Once accommodation areas were fixed and sites secured, the accommodation area should remain clear. The Secretariat was of the opinion that as no ongoing EOD activity was needed, payment for EOD self-sustainment was not required.

55. Member States discussed the requirement for EOD self-sustainment at length. The Secretariat highlighted that if mines or another similar threat existed within the mission area, an engineering or other force organization would be tasked to complete associated tasks in securing that area.

Laundry and cleaning

56. The Secretariat has observed that there are areas of support that are not explicitly covered by any self-sustainment category. These include dry-cleaning of specialist clothing, haircutting, tailoring and cobblering. The Secretariat suggested that these support functions should be incorporated into the laundry and cleaning self-sustainment category. After deliberations, it was agreed that the dry-cleaning of operationally required specialist clothing should be included in the laundry and cleaning self-sustainment category with no increase in rates.

Tentage and accommodation

57. The Secretariat requested a review of the current reimbursement provisions for tentage and accommodation. Under the current system, a troop contributing country would in normal circumstances qualify for reimbursement for both the tentage and accommodation rates if the United Nations could not provide hard accommodation after six months. The Secretariat highlighted the potential increased cost to the Organization of the provision. The Working Group was of the opinion that the provision acted as an incentive for the United Nations to provide hard standing accommodation to military contingents. In recent years, there were several peacekeeping missions that had been repeatedly extended from their anticipated termination date for a variety of reasons. Nevertheless, it was acknowledged that there might be circumstances in a limited number of missions where closure of the mission could be clearly predicted, such as missions to support referendums. However, the Working Group was of the opinion that those cases would be in the minority.

Identification

58. The Secretariat requested that Member States review the continued requirement for the identification sustainment category. The Working Group agreed by consensus that it would be premature to delete the identification self-sustainment category. If the definition of identification self-sustainment was unclear to the Secretariat, then staff of the Department of Peacekeeping Operations should propose a more detailed description, based on operational requirements, for subsequent review by Member States.

Field defence stores

59. The Secretariat proposed that Member States review the field defence stores self-sustainment category. The Secretariat considered that once a contingent was established in position, only periodic upkeep of the defences were required. This perspective was countered by the statements of a number of Member States. The existing rates were derived from the use of databases of Member States. As Member States and the Secretariat gained experience from using the new contingent-owned equipment system, and a more comprehensive database was developed, the Working Group would be in a better position to evaluate costs. Consequently, the Working Group felt that it would be premature to consider revising the field defence stores self-sustainment rate at the current stage.

Nuclear, biological and chemical protection

60. The Working Group considered the issue that specialized nuclear, biological and chemical (NBC) units would normally support more than one contingent and that perhaps NBC should be reimbursed as major equipment with the elimination of the self-sustainment category. Further discussion revealed the self-sustainment method to be ideal for unit-level detection and initial protection from NBC hazards. Further refinement was requested in the self-sustainment performance standards. The recommendation was made to redefine the standards in the NBC protection category to clarify between self-sustainment vs. NBC specialized units to be deployed in a contingent.

3. Review of levels of medical support

61. The Secretariat requested that the major medical equipment and self-sustainment rates and sustainment structure (levels of medical support) be reviewed.

62. The Secretariat medical staff presented a revised system of categories of medical support services (levels of medical support), a new listing of major medical equipment (according to international standard levels of medical support) and a related series of new rates for major medical equipment and medical sustainment reimbursement. The general consensus of delegates within the Working Group was that the entire medical proposal needed to be reviewed by national medical authorities and that, even if the new medical structure (levels of medical support) and related equipment listings were approved, new rates would only be validated and approved at some future time, when all contingent-owned equipment rates would be reviewed. Secretariat medical staff requested Member States to consider the new medical self-sustainment structure (levels of medical support) independently from the equipment listing and related rates, and that the comments of troop contributing countries be sent back to the Secretariat to permit the initiation of more effective support planning by the staff.

IV. Recommendations of the Working Group

Report to the General Assembly

63. The direction of the General Assembly in resolution 49/233 A for the second, third and fourth phases of the study on contingent-owned equipment has been carried out. Compliance has also been achieved with regard to the request of the Assembly in paragraph 2 of part I of its resolution 51/218 E, that the Secretary-General convene the Phase IV Working Group prior to submitting his report on the first full year of implementation of the reform procedures. To assist the General Assembly in its consideration of the Secretary-General's report on the first full year of the implementation of the reform procedures, the Working Group recommends that the report on Phase IV be submitted in its entirety through the Advisory Committee on Administrative and Budgetary Questions to the Fifth Committee. The Working Group recommends that the Secretariat put into place the proposed changes and amendments to the Contingent-owned Equipment Manual that do not require General Assembly approval.

64. The Working Group, having considered various proposals and options for reform of the methodology and procedures for determining reimbursement for contingent-owned equipment and bearing in mind the general guidelines and principles for reimbursement reform set out in annex I to the present report, made the following recommendations:

Legally binding aspects of the Memorandum of Understanding

65. On the issue of the legal aspects of the reform of the procedures for determining reimbursement to Member States for contingent-owned equipment, the Working Group recommended:

(a) It is to be recalled that these legal aspects of the proposed arrangements are in accordance with the Financial Rules and Regulations of the United Nations;

(b) Substantive provisions are contained within General Assembly resolutions 50/222 and 51/218 E and subsequent relevant resolutions of the Assembly;

(c) While the substantive elements of the Model Memorandum of Understanding as outlined in the annex to document A/51/967, once approved by the General Assembly and subject to modification if any by subsequent resolutions of the General Assembly, remain consistent for all Member States, the final form of the document could vary when the United Nations negotiates contingent-owned equipment arrangements with the troop-contributing countries, so as to ensure the smooth and rapid provision of contingent-owned equipment.

Levels of reimbursement for loss or damage in cases of hostile action or forced abandonment

66. On the issue of levels of reimbursement for losses or damage to contingent-owned equipment in case of hostile action or forced abandonment, the Working Group recommended:

(a) In cases of loss or damage resulting from a single hostile action or forced abandonment, the United Nations should assume liability for each and every item of major equipment when the collective generic fair market value equals or exceeds the threshold value of $250,000;

(b) No upper limits should be placed on justified claims;

(c) In view of the possibility of large claims, the Secretariat should recommend appropriate measures for handling such claims.

Dispute resolution

67. In regard to the settlement of disputes concerning contingent-owned equipment arrangements between the United Nations and participating troop-contributing countries, the Working Group recommended that procedures be developed which:

(a) Clarify the first level of dispute resolution, to include two levels. At the first level:

(i) Staff level representatives for the chief administrative officer and the Contingent Commander, should the dispute not meet resolution;

(ii) Should the dispute not meet resolution at the first level, then it should be referred to the Permanent Representatives of the Member States and the Under-Secretary-General, Department of Peacekeeping Operations at Headquarters;

(b) At the second level, the Permanent Missions of the Member States and the Under-Secretary-General, Department of Peacekeeping Operations, or his representative will try to seek resolution.

United Nations responsibility for loss or damage during transportation

68. With respect to the responsibility of the Organization for loss or damage during transportation, the Working Group recommended:

(a) That the text be accepted with the change of the word "shipment" to "transportation";

(b) That transportation be interpreted to mean all transportation arranged by the United Nations;

(c) That the loss or damage issue be clarified and implemented by the Secretariat to ensure that troop-contributing countries are reimbursed where significant damage occurs to contingent-owned equipment during transportation. Significant damage could be interpreted to mean damage where the repairs amount to 10 per cent or more of the generic fair-market value of the item of equipment.

Universality of mission factors

69. The Working Group recommended that:

(a) When mission factors are applicable to a specific mission, all troop-contributing countries taking part in the mission should be entitled to claim the same mission factor rates regardless of their location in the mission area;

(b) In the third month of a newly established mission, a review of mission factors is to be completed.

Period of reimbursement

70. The Working Group recommended that a mission drawdown plan should be developed to coordinate the timely departure of troop contingents and equipment following the termination of a mission. Troop reimbursements should continue at full rates until departure in accordance with the drawdown plan. Reimbursement for major equipment leases would be paid at the level of 50 per cent of the former level until the equipment departure date. Reimbursement for self-sustainment rates would be reduced by 50 per cent and would be calculated upon remaining deployed troop strengths until all contingent personnel have departed the mission area.

Status of the COE Manual

71. The Working Group recommended that the Secretariat ensure that all recommendations of the Phase II, III and IV Working Groups, as approved by the General Assembly, are fully reflected in the COE Manual.

Establishing dates for applying procedures in current missions

72. The Working Group recommended that a transitional plan to the new system of reimbursement should be elaborated by the Secretariat for consideration and approval by the General Assembly by the end of 1998. The plan should contain a recommended cut-off date by which all missions should be operating under the new system.

Retroactive implementation

73. The Working Group acknowledged:

(a) That the new procedures for contingent-owned equipment are far superior to the old, and noted the challenges of the retroactive application of the new procedures to existing and terminated missions. However, the Working Group recommended that no change be made to the current practice of applying the new procedures retroactively;

(b) That there was insufficient documentation to assess the financial implications for the United Nations of retroactive application of the new procedures. The Working Group recommended that the Secretariat prepare a detailed report on the financial implications of retroactive application and present it to the General Assembly.

United Nations standards of logistic support

74. The Working Group recommended that the Secretariat develop a clear, measurable standard of support for the logistics goods and services it provides, or which are provided on its behalf, to field missions.

Reimbursement rate for late return of equipment from mission area

75. The Working Group recommended that when the United Nations negotiates a contract for the repatriation of equipment and the carrier exceeds a 14-day grace period after the expected arrival date, the troop-contributing country will be reimbursed by the United Nations at the dry-lease rate from the expected arrival date until the actual arrival date.

Major equipment, self-sustainment and medical support

1. Review of major equipment standards

76. On the issues of whether more detailed performance factors or a better description of the equipment is required, the need for a rate review and what constitutes a military pattern piece of equipment where a minor upgrade is made, the Working Group recommended that:

(a) The Secretariat should develop an initial proposed list of additional performance standards and ranges of equipment, the list should be circulated to Member States for review by national functional staffs and Member States should transmit their comments to the Secretariat for further development in advance of the next scheduled rate review;

(b) Issues of whether or not an upgrade to commercial equipment entitled a particular troop-contributing country to SMP equipment reimbursement, should be dealt with during the bilateral contingent-owned equipment negotiation process, with paramount importance accorded to operational requirements and the principle of "reasonableness" in resolving disagreements;

(c) The performance standards should be stated in terms of required operational capability. Troop-contributing countries propose equipment for deployment which, in their opinion, meets that operational requirement and once the operational capability has been fulfilled by a troop-contributing country, only then is the troop contributor entitled to applicable major equipment reimbursement.

2. Review of self-sustainment categories

Major equipment usage

77. The Working Group recommended that, where a contingent is employing major equipment in providing sustainment support, the applicable troop-contributing country is not entitled to major equipment reimbursement, but only to the applicable self-sustainment reimbursement.

Relationship between a soldier's kit and self-sustainment

78. The Working Group recommended that the Secretariat should develop an indicative, mission-specific, standardized personal equipment listing for each mission as part of the mission planning process; the listing is to be discussed with each contingent before starting each mission; and the listing is to be included in the guidelines to troop-contributing countries issued for each such mission.

Catering and electrical self-sustainment categories

79. The Working Group recommended that two additional self-sustainment categories should be added to the current concept, namely "main camp catering" and "main camp electricity generation", and that these support categories should be assigned an interim reimbursement rate of $25.25 and $25.00 respectively, pending the development of more appropriate rates at the time of the next scheduled reimbursement rate review.

Communications

80. The Working Group recommended that the revised communication performance standards for communications self-sustainment proposed by the Secretariat (see annex IV to the present report) should replace the existing communications standards.

Office supplies

81. The Working Group recommended that the following new performance standards should replace the office performance standards in chapters 3 and 9 of the COE Manual, and that the reimbursement rate should stay at $21.25. Paragraph 10 of Annex B to chapter 3 should be amended to read:

"To receive the office self-sustainment reimbursement rate the contingent must provide:

– office furniture, equipment and supplies for all unit headquarters staff;

- office supplies and services to personnel within the contingent;
- an electronic data-processing (EDP) and reproduction capability, including necessary software, to run all internal headquarters correspondence and administration, including necessary databases;
- the unit is responsible for maintaining and servicing its offices, including all equipment, repair parts, and supplies;
- the rate is to be applied against the total contingent population; and
- when the United Nations provides offices to an equivalent standard, the unit does not receive reimbursement for this category."

Explosive ordnance disposal

82. The Working Group recommended:

(a) That the explosive ordinance disposal (EOD) self-sustainment category should be retained, but in paragraph 14 of chapter 3, annex B, of the COE Manual, "the unit's areas" should be amended to read "unit's accommodation area";

(b) That where a troop-contributing country, providing force-level engineering support is tasked to provide EOD sustainment support to another troop-contributing country's accommodation areas, the country performing the EOD support should receive EOD sustainment reimbursement, including the population of the supported contingent;

(c) That the basis of the reimbursement for EOD sustainment should be reviewed.

Laundry and cleaning

83. The Working Group agreed with the Secretariat and recommended that the dry-cleaning of operationally required specialist clothing should be included in the laundry and cleaning self-sustainment category, with no increase in rates.

Tentage and accommodation

84. It is recommended that the current provision regarding payment of dual tentage and accommodation rate in accordance with paragraph 20 of chapter 3, annex B, of the COE Manual be retained.

85. It is further recommended that a mechanism be developed and be made available whereby the Secretariat may request a temporary waiver of the application of this dual payment principle for those short-duration missions where the provision of hard accommodation is demonstrably and clearly impractical and not cost-effective.

Identification

86. The Working Group recommended that there should be no change to the identification self-sustainment category.

Field defence stores

87. The Working Group recommended that no change should be made to the field defence stores self-sustainment rate at the current stage. However, the rate should be reviewed at the next scheduled rate review date, with the possibility of creating two rates: one for the establishment of defences, and another for their maintenance.

Nuclear, biological and chemical protection

88. The Working Group recommended that the following new standards be immediately incorporated in both chapter 3, annex B, paragraph 31, and chapter 9, annex E, paragraph 28 in the COE Manual:

"To receive the NBC protection self-sustainment rate the contingent must be able to operate fully protected in any NBC threat environment. This includes the ability:

- to detect and identify NBC agents with appropriate detection equipment at the unit level;
- to conduct initial decontamination operations for all personnel and personal equipment in an NBC threat environment;
- to provide all personnel with the necessary NBC protection clothing and equipment (e.g., protective mask, coveralls, gloves, personal decontamination kits, injectors); and
- to provide all related equipment, maintenance and supplies."

3. Review of levels of medical support

89. The Working Group recommended that:

(a) Member States should review the proposed medical sustainment structure (levels of medical support) on an urgent basis, and final comments should be provided to the Secretariat as soon as possible. Notwithstanding, it is proposed that the concept of the three levels of medical support presented by the Medical Unit of the Department of Peacekeeping Operations should be approved, with details

within each level and associated equipment to be finalized, once Member States have completed their review;

(b) The equipment listing proposed by the medical unit should be reviewed by Member States and their recommendations should be provided to the Secretariat.

V. Items requiring action in Phase V

Completion of Phases II, III and IV

90. With the submission and acceptance of the present report, Phases II, III and IV of the contingent-owned equipment study are completed. In accordance with the annex to resolution 49/233 A, the Member States and the Secretariat are now prepared to proceed in the implementation of Phase V.

Mandate of Phase V

91. The original mandate of Phase V, as detailed in General Assembly resolution 49/233 A, will involve a periodic review and update of the Phase II and Phase III standards to be completed on a triennial basis, with the first review scheduled for March 1998. The original mandate was subsequently amended in the Phase III report (A/C.5/49/70, para. 51(c)) to read as follows: "Reimbursement rates for major equipment wet and dry leases, self-sustainment rates and associated provisions for loss, damage and environmental and intensified operational use [should] be reviewed by the Secretariat at the end of the first 12-month period for initial validation and biennially thereafter".

92. The original and amended timetable established for the review and validation of rates cannot be met and a revised timetable must be recommended. This revised timetable takes into consideration the need for further information from the Secretariat and the need for further consultation with Member States on a number of issues.

Items requiring action in Phase V

93. Taking note of the wishes expressed by the Member States and the Secretariat, it is recommended that the following items be addressed in Phase V, adhering to the time-frame proposed:

(a) The Secretariat together with Member States should conduct a major review of the COE Manual to ensure that it incorporates the recommendations of the Phase II, III and IV reports, as approved by the General Assembly. A revised manual should be completed no later than mid-1999;

(b) The Secretariat should convene the Phase V Working Group in 2001 to specifically review and validate reimbursement rates, procedures and standards. In addition, the Working Group should propose subcategories within current contingent-owned equipment categories;

(c) The Secretariat should develop recommendations for including the use or application of contingent-owned equipment procedures in the United Nations Stand-by Arrangement System (UNSAS), if applicable.

Further assistance of Member States

94. Member States offered their continued assistance to expedite completion of the final report to the General Assembly, including any further assistance required to achieve the milestones listed for the final phase of the contingent-owned equipment study.

Annex I

General guidelines and principles for reimbursement reform*

In addressing the mandate established by the General Assembly in its resolution 49/233 A of 23 December 1994, which called for the simplification of the process of reimbursement for contingent-owned equipment with a view to introducing standard requirements, the development of a single flat rate of reimbursement and for the submission of a report to the General Assembly, the Working Group agreed on the following general principles and guidelines for reform:

1. *Simplicity*. Any reform should make the reimbursement process simpler and easier to administer than the current system. Reform proposals should reduce the time and resources (personnel, equipment and facilities) required for Member States to claim, and the United Nations to reimburse, for contingent-owned equipment. Proposals should reduce administrative burdens on troop-contributing countries, the Secretariat and peacekeeping missions.

2. *Equity*. The reimbursement process should be fair and equitable both to the United Nations and to troop-contributing countries.

3. *Transparency*. The process of computing reimbursement must be transparent both to the United Nations and to the troop contributing countries. Specific rules must be articulated for developing reimbursement rates and a mechanism provided to adjust rates on a periodic basis.

4. *Comprehensiveness*. The reimbursement process must be broadly applicable across the full range of troop-contributing countries and peacekeeping missions.

5. *Flexibility*. The reimbursement process must be flexible enough to account for a wide range of variables, including differences among troop-contributing countries in terms of equipping units, types of peacekeeping missions, peacekeeping mission environments, equipment provisioning systems and logistics support concepts.

6. *Portability*. Member States must be able to use the same accounting and certification procedures regardless of the peacekeeping mission where their troops are deployed.

7. *Logistic support*. Reform proposals should support the provision of high-quality, cost-effective logistic support for deployed equipment and units. To the extent possible, the reimbursement system should facilitate cost comparisons among various modalities of providing support.

8. *Financial control and audit*. To maintain credibility, the system must support appropriate financial control and audit procedures. Member States must be assured that the United Nations is receiving value for peacekeeping fund expenditures.

9. These guidelines and principles are not necessarily complementary. For example, simplicity and flexibility are inherently incompatible. The ultimate goal should be to develop a system that maximizes achieving all the goals, recognizing that there must be compromises among competing goals.

* Originally appeared as annex I to the report of the Phase II Working Group (A/C.5/49/66).

Annex II

Phase IV Working Group focal point responsibilities

Groupings	*Focal point*	*Issues papers*
Legal issues	India	1. Legally binding aspects of the Memorandum of Understanding 2. Levels of reimbursement for losses or damage in case of hostile action or forced abandonment 3. Dispute resolution
Contingent-owned equipment: polices and procedures	Norway	1. United Nations responsibility for loss or damage during transportation 2. Universality of mission factors 3. Period of reimbursement 4. Status of the COE Manual 5. Establishing dates for applying procedures in current missions 6. Retroactive implementation 7. United Nations standards of logistic support 8. Reimbursement rate for late return of equipment from mission area
Major equipment, self-sustainment and medical support	Zimbabwe	1. Review of major equipment standards 2. Review of self-sustainment categories 3. Review of levels of medical support

Annex III

Secretariat proposal: revised medical support services

I. Comments on the current situation

1. In conducting our reviews the terms and rates of reimbursement for major equipment (wet or dry) as well as those for self-sustainment were verified and calculated according to the actual expenditures of United Nations peacekeeping operations from 1991 to 1997. A database of United Nations performance reports and a database of all letters of assist (contingent-owned equipment, medical supplies, medical dental equipment, maintenance and spare parts) showing all medical expenditures from 1991 to 1997 was established.

2. Based on those facts, we have established new levels of medical services, verified all existing medical-related reimbursement rates and, where necessary, have created new United Nations standards and reimbursement rates which facilitate planning and administration of United Nations peacekeeping missions according to current medical standards, taking into consideration United Nations policies and procedures.

3. With current policies and rates for new Memoranda of Understanding, we believe that the Organization faces four major problems:

(a) Reimbursement to troop contributors under current terms and rates does not reflect the real costs of any of the currently valid medical services. Under actual rates for major medical equipment, we estimate approximately two times higher expenditures and for self-sustainment approximately two to three times higher expenditures than the real (average) costs in United Nations peacekeeping missions;

(b) Consequently, actual terms and rates which will be applied retroactively to United Nations field missions will create a funding problem, since the budget calculations for earlier peacekeeping missions were based upon actual expenditures (performance reports) rather than using the new (excessive) rates of the new system of Memoranda of Understanding;

(c) For budgetary calculations (cost estimates of current and future peacekeeping missions) under the administration of the Field Administration and Logistics Division/Logistics Operation Section, new object codes for all categories of equipment and services with reference to the new procedures (Memoranda of Understanding) have to be established in order to ensure that budget proposals revisions are transparent and implementable;

(d) The term "force-wide service" does not reflect the real situation for contingent-owned equipment on the ground and is consequently not applicable to any equipment. We believe that, for example, a Level 2 facility should receive reimbursement for its major equipment regardless of whether it is deployed at a force-wide or a regional level. At present major equipment is reimbursed for force-wide service only and this makes no sense at all, because the costs for equipment in both cases remain the same. Therefore the term "force-wide service" should be deleted. All medical equipment at all levels should be reimbursed according to the standards set by the United Nations.

II. Review of and corrections to the COE Manual

A. Main issues

Our review and proposed amendments to the COE Manual were based upon an examination of the following main issues in contingent-owned equipment reimbursement:

(a) System of reimbursement and payment rates for **self-sustainment arrangements**, especially:

- Verification of existing reimbursement rates according to performance reports of United Nations peacekeeping missions from 1991 to 1997;
- Verification of existing levels of medical services, taking into consideration planning, budgeting/accounting, management of field missions and reimbursement (claims);
- Establishment of new United Nations standards, new levels of medical services comprising capabilities, capacities, equipment lists, standard costs for medical equipment according to United Nations experience of the last eight years of peacekeeping, including comments/suggestions of several Member States and different medical concepts;

(b) System of reimbursement and payment rates for **major equipment** under **dry lease** arrangement, based on actual expenditures in peacekeeping missions from 1991 to

1997 (in-survey values, letters of assist for depreciation of contingent-owned equipment and transport);

(c) System of reimbursement and payment rates for **major equipment** under **wet lease** arrangement, based on actual expenditures in peacekeeping missions from 1991 to 1997 (letters of assist for maintenance and spare parts);

(d) Review of the term **"force-wide medical service"**;

(e) Review of **"retroactive payments"** through Memoranda of Understanding in claims and its consequences for the Organization.

B. Changes to the Manual

Presented below are draft changes to various parts of the United Nations Manual on Policies and Procedures concerning Reimbursement and Control of Contingent-owned Equipment of Troop-contributing Countries Participating in Peacekeeping Missions (the COE Manual):

1. Chapter 2. Standard elements of the system; 8. Self-sustainment; paragraph 28 (j)

Category	*Medical services*	*Monthly rate per person served*
Medical	Basic level	US$ 2.00
	Level 1 (lab included)	13.23
	Level 2 (dental and lab included)	20.63
	Level 3 (dental and lab included)	25.13
	Dental only	2.50
	Laboratory only	4.50
	Blood and blood products	2.20
	High-risk areas (epidemiological)	8.70

Remarks

If a troop contributor provides medical services according to United Nations standards which include services of more than one level, these levels shall be accumulated accordingly. However, dental and lab services will only be reimbursed for one level.

2. Chapter 3, Annex A, paragraph 13

Only medical equipment provided as per United Nations standards (see "United Nations Levels of Medical Support" (appendix I)) and as authorized in the Memorandum of Understanding will be reimbursed as major equipment.

To be eligible for reimbursement for medical services, the contingent must provide "self-sustainment" (including all necessary supplies and consumables) for Basic, Level 1, Level 2, Level 3, Blood and blood products and High-risk areas as stipulated in the United Nations Manual on Policies and Procedures concerning Reimbursement and Control of Contingent-owned Equipment of Troop-contributing Countries Participating in Peacekeeping missions, the "United Nations Levels of Medical Support" and as authorized in the Memorandum of Understanding.

Therefore the equipment stipulated in the Memorandum of Understanding is applicable wherever medical equipment is used for the provision of medical services providing Level 1, 2 and 3 services according to United Nations standards which includes general medicine, internal medicine, surgical, dental, hygiene, dispensary, blood testing and processing, X-ray, laboratory, ward and stabilization/life-saving measures and capabilities and evacuation to the next level.

Reimbursement for medical services, which includes all necessary supplies, will be made according to the number of personnel per month served under a self-sustainment arrangement.

3. Chapter 3, Annex A, paragraph 14

The contingents must have sufficient medical equipment as stipulated in the United Nations standards for Level 1, 2 and 3 medical services in order to provide the respective outpatient and inpatient care, basic and advanced diagnostic services, basic and advanced lifesaving, basic and advanced surgical capacities and capabilities, sufficient resupply capabilities, as well as casevac/medevac capabilities and capacities in the mission area as authorized in the Memorandum of Understanding. Requested medical equipment must be provided and maintained in a fully operational condition, maintaining an aseptic environment and sterility as per World Health Organization (WHO) requirements in order to ensure uninterrupted medical support and an adequate standard of medical services, including evacuation capabilities. The minimum quality of

all pharmaceuticals, medical consumables and medical equipment provided must meet United Nations standards.

See "United Nations requirements for the provision of medical supplies" (appendix II).

4. Chapter 3, Annex B, paragraph 25

To receive the medical self-sustainment rate the contingent or unit has to provide medical services (medical supplies) for all personnel of the unit, contingent or force, based on the number of personnel served. Should a contingent receive medical services from another contingent, the self-sustainment rates will be paid to the contingent providing the services. The standards for each medical service of self-sustainment rates are as follows:

Basic Level

("Soldier" level or "Buddy-Aid")

- Comprises the basic immediate first aid provided to a casualty by the nearest person on site at the point of injury, including personal medical and hygiene supplies (e.g. field dressing, repellent, personal water purification, aspirin, etc.). All United Nations peacekeepers must have basic knowledge and skills in first aid.

See "United Nations levels of medical support" (appendix I) – Basic Level.

Level 1

("Battalion" level)

- Comprises the first level where medical assistance is provided by a doctor and his team. This level of support is usually provided by organic medical teams of the field units who provide resuscitation, stabilization, triage and evacuation of ill or injured personnel;
- Provides casualty collection and evacuation to higher levels of medical care (Level II and/or Level III);
- Handles routine sick calls and the management of minor sick and injured;
- Implements disease, non-battle injury and stress-preventive measures;
- Provides treatment to 20 ambulatory patients per day, holding capacity of 5 patients up to 2 days, medical supplies and consumables for 60 days;
- Provision of medical services based on troop strength of 500 to 700.

See "United Nations levels of medical support" (appendix I) – Level 1.

Level 2

("Brigade" level, surgical facility, basic field hospital)

- Comprises a medical facility (basic field hospital) with limited specialist expertise (doctors) and limited (basic) surgical, intensive care, dental, laboratory, X-ray, ward, sterilization and pharmaceutical capabilities (e.g., life, limb and organ-saving surgery, definitive treatment against a wide variety of common diseases/illnesses);
- Capability of 3 to 4 surgical operations per day, hospitalization of 10 to 20 sick or wounded up to 7 days, up to 40 outpatients per day, 5 to 10 dental consultations per day, medical supplies, fluids and consumables for 60 days;
- Provides advanced specialist medical care to stabilize serious injured personnel for transport in Level 3 medical facility;
- Provision of medical services based on troop strength of 1,000;
- Provides resupply for Level 1 units.

See "United Nations levels of medical support" (appendix I) – Level 2.

Level 3

("Advanced field hospital")

- Comprises a fully equipped and staffed multidisciplinary (advanced) field hospital which provides all major medical and surgical specialities;
- Provides advanced services in surgical, intensive care, dental (emergency dental surgery), laboratory, X-ray, ward and pharmaceutical capabilities;
- Performs up to 10 surgical operations per day, provides hospitalization of 50 patients up to 30 days, up to 60 outpatient consultations per day, up to 10 dental consultations per day, up to 20 X-rays and 40 lab tests per day, medical supplies and consumables for 60 days;
- Provision of medical services based on troop strength of 3,000 to 5,000;

- Provides resupply to Level 2 units.

See "United Nations levels of medical support" (appendix I) – Level 3.

Blood and blood products

- Maintains a sufficient supply of fresh blood and blood products, according to United Nations standards, including transport, testing, handling and administration;
- Provides climate-controlled storage and transport capability ("cold chain") to prevent the deterioration or contamination of blood and blood products;
- Has the ability to administer blood and blood products according to the compatibility of blood groups and rhesus factors using approved hygiene to prevent contamination;
- Performs blood testing and grouping.

See "United Nations requirements for the provision of medical supplies" (appendix II).

High-risk areas (epidemiological)

- Provides medical supplies (drugs, special vaccinations, chemoprophylaxes and special supplies, etc.) for epidemiological critical areas with high risks of infectious and tropical diseases.

5. Chapter 3, Annex B, paragraph 26

The contingent must provide all related minor equipment, tools and supplies to ensure uninterrupted medical services. The minimum quality of all pharmaceuticals, medical consumables and medical equipment must meet United Nations standards.

See "United Nations requirements for the provision of medical supplies" (appendix II).

6. Chapter 3, Annex B, paragraph 27

Vaccinations, as recommended by the United Nations, are a national responsibility. The United Nations will provide necessary information on what kind of vaccination and preventive measures shall be given to all United Nations personnel prior to deployment. If any United Nations personnel are deployed without proper vaccinations and prophylaxes, the United Nations will provide necessary booster shots and prophylaxes. In this case, the United Nations will deduct any expenses for initial vaccinations which could have been initiated prior to deployment from the self-sustainment payment of troop contributors.

7. Chapter 8, part A, Reimbursement rates for major equipment

Category of equipment	*Generic fair market value (US$)*	*Estimated useful life (years)*	*Estimated maintenance rate*	*Monthly rate*		*No-fault incident factor (%)*	*Non-United Nations policy*
				Dry lease	*Wet lease*		
Level 1	163 600	8				0.1	
Level 2	1 180 430	8				0.1	
Level 3	2 052 500	8				0.1	
Dental	147 600	8				0.1	
Laboratory	22 800	8				0.1	

Remarks

A troop contributor will be reimbursed on a flat-rate basis.

See "United Nations levels of medical support" (appendix I).

8. Chapter 8, part B, Self-sustainment rates

Category	*Subcategory*	*Monthly rate per person served*
Medical	Basic level	US$ 2.00
	Level 1 (lab included)	13.23
	Level 2 (dental and lab included)	20.63
	Level 3 (dental and lab included)	25.13
	Dental only	2.50
	Laboratory only	4.50
	Blood and blood products	2.20
	High-risk areas (epidemiological)	8.70

Remarks

If a troop contributor provides medical services which include more than one level, those levels shall be accumulated accordingly. However dental and lab services will only be reimbursed for one level.

9. Chapter 9, Annex C, Self-sustainment, 1 – Requirements

Category	*Subcategory*	*Monthly rate per person served*
Medical	Basic level	US$ 2.00
	Level 1 (lab included)	13.23
	Level 2 (dental and lab included)	20.63
	Level 3 (dental and lab included)	25.13
	Dental only	2.50
	Laboratory only	4.50
	Blood and blood products	2.20
	High-risk areas (epidemiological)	8.70

Remarks

If a troop contributor provides medical services which include more than one level, those levels shall be accumulated accordingly. However dental and lab services will only be reimbursed for one level.

10. Chapter 9, Annex D, Memorandum of Understanding, medical, paragraph 11

Only medical equipment provided as per United Nations standards (see "United Nations levels of medical support" – appendix I) and as authorized in the Memorandum of Understanding will be reimbursed as "major equipment".

To be eligible for reimbursement for medical services, the contingent must provide "self-sustainment" (including all necessary supplies and consumables) for Basic, Level 1, Level 2, Level 3, Blood and blood products and High-risk areas as stipulated in the United Nations Manual on Polici and Procedures concerning Reimbursement and Control of Contingent-owned Equipment of Troop-contributing Countries Participating in Peacekeeping Missions, the "United Nations Levels of Medical Support" and as authorized in the Memorandum of Understanding.

Therefore the equipment stipulated in the Memorandum of Understanding is applicable wherever medical equipment is used for the provision of medical services provided Level 1, 2 and 3 services according to United Nations standards which include general medicine, internal medicine, surgical, dental, hygiene, dispensary, blood testing and processing, X-ray, laboratory, ward and stabilization/life-saving measures and capabilities and evacuation to the next level.

Reimbursement for medical services, which includes all necessary supplies, will be made according to the number of personnel per month served under a self-sustainment arrangement.

11. Chapter 9, Annex D, Memorandum of Understanding, medical, paragraph 12

The continents must have sufficient medical equipment as stipulated in the United Nations standards for Level 1, 2 and 3 medical services in order to provide the respective outpatient and inpatient care, basic and advanced diagnostic services, basic and advanced lifesaving, basic and advanced surgical capacities and capabilities, sufficient resupply capabilities, as well as casevac/medevac capabilities and capacities in the mission area as authorized in the Memorandum of Understanding. Requested medical equipment must be provided and maintained in a fully operational condition, maintaining an aseptic environment and sterility as per WHO requirements in order to ensure uninterrupted medical support and an adequate standard of medical services, including evacuation capabilities. The minimum quality of all pharmaceuticals, medical consumables and medical equipment provided must meet United Nations standards.

See "United Nations requirements for the provision of medical supplies" (appendix II).

12. Chapter 9, Annex E, Memorandum of Understanding, medical, paragraph 22

To receive the medical self-sustainment rate the contingent or unit has to provide medical services (medical supplies) for all personnel of the unit, contingent or force, based on the number of personnel served. Should a contingent receive medical services from another contingent, the self-sustainment rates will be paid to the contingent providing the services. The standards for each medical service of self-sustainment rates are as follows:

Basic Level

("Soldier" level or "Buddy-Aid")

- Comprises the basic immediate first aid provided to a casualty by the nearest person on site at the point of injury, including personal medical and hygiene supplies (e.g., field dressing, repellent, personal water purification, aspirin, etc.). All United Nations

peacekeepers must have basic knowledge and skills in first aid.

See "United Nations levels of medical support" (appendix I) – Basic Level.

Level 1

("Battalion" level)

- Comprises the first level where medical assistance is provided by a doctor and his team. This level of support is usually provided by organic medical teams of the field units who provide resuscitation, stabilization, triage and evacuation of ill or injured personnel;
- Provides casualty collection and evacuation to higher levels of medical care (Level II and/or Level III);
- Handles routine sick calls and the management of minor sick and injured;
- Implement disease, non-battle injury and stress-preventive measures;
- Provides treatment to 20 ambulatory patients/day, holding capacity of 5 patients up to 2 days, medical supplies and consumables for 60 days;
- Provision of medical services based on troop strength of 500 to 700.

See "United Nations levels of medical support" (appendix I) – Level 1.

Level 2

("Brigade" level, surgical facility, basic field hospital)

- Comprises a medical facility (basic field hospital) with limited specialist expertise (doctors) and limited (basic) surgical, intensive care, dental, laboratory, X-ray, ward, sterilization and pharmaceutical capabilities (e.g., life, limb and organ saving surgery, definitive treatment against a wide variety of common diseases/illnesses);
- Capability of 3-4 surgical operations/day, hospitalization of 10-20 sick or wounded up to 7 days, up to 40 outpatients/day, 5-10 dental consultations/day, medical supplies, fluids and consumables for 60 days;
- Provides advanced specialist medical care to stabilize serious injured personnel for transport in Level 3 medical facility;
- Provision of medical services based on troop strength of 1,000;
- Provides resupply for Level 1 units.

See "United Nations levels of medical support" (appendix I) – Level 2.

Level 3

("Advanced field hospital")

- Comprises a fully equipped and staff multidisciplinary (advanced) field hospital which provides all major medical and surgical specialities;
- Provides advanced services in surgical, intensive care, dental (emergency dental surgery), laboratory, X-ray, ward and pharmaceutical capabilities;
- Performs up to 10 surgical operations/day, provides hospitalization of 50 patients up to 30 days, up to 60 outpatient consultations/day, up to 10 dental consultations/day, up to 20 X-rays and 40 lab tests/day, medical supplies and consumables for 60 days;
- Provision of medical services based on troop strength of 3,000 to 5,000;
- Provides resupply to Level 2 units.

See "United Nations levels of medical support" (appendix I) – Level 3.

Blood and blood products

- Maintains a sufficient supply of fresh blood and blood products according to United Nations standards including transport, testing, handling and administration;
- Provides climate-controlled storage and transport capability ("cold chain") to prevent the deterioration or contanimation of blood and blood products;
- Has the ability to administer blood and blood products according to the compatibility of blood groups and rhesus factors using approved hygiene to prevent contamination;
- Performs blood testing and grouping.

See "United Nations requirements for the provision of medical supplies" (appendix II).

High-risk areas (epidemiological)

- Provides medical supplies (drugs, special vaccinations, chemoprophylaxes and special supplies, etc.) for

epidemiological critical areas which have high risks of infectious and tropical diseases.

13. Chapter 9, Annex E, Memorandum of Understanding and clearance sheet, medical, paragraph 23

The contingent must provide all related minor equipment, tools and supplies to ensure uninterrupted medical services. The minimum quality of all pharmaceuticals, medical consumables and medical equipment must meet United Nations standards.

See "United Nations requirements for the provision of medical supplies" (appendix II).

14. Chapter 9, Annex E, Memorandum of Understanding, medical, paragraph 24

Vaccinations, as recommended by the United Nations, are a national responsibility. The United Nations will provide necessary information on what kind of vaccination and preventive measures shall be given to all United Nations personnel prior to deployment. If any United Nations personnel deploy without proper vaccinations and prophylaxes, the United Nations will provide necessary booster shots and prophylaxes. In this case, the United Nations will deduct any expenses for initial vaccinations which could have been initiated prior to deployment from the self-sustainment payment of troop contributors.

Recommendations

1. Based on actual expenditures (statistics of performance reports, letters of assist, requisitions) of United Nations peacekeeping missions, we recommend the establishment and approval of reimbursement rates for medical services (self-sustainment) and wet and dry lease arrangements (major equipment) according to United Nations standards for medical equipment and medical services, as per our proposal:

Self-sustainment

- For self-sustainment, which covers all required medical services, including all necessary supplies, we recommend that the following existing and/or new standard rates be established:

Category	*Subcategory*	*Monthly rate per person served*
Medical	Basic level	US$ 2.00
	Level 1 (lab included)	13.23
	Level 2 (dental and lab included)	20.63
	Level 3 (dental and lab included)	25.13
	Dental only	2.50
	Laboratory only	4.50
	Blood and blood products	2.20
	High-risk areas (epidemiological)	8.70

Remarks

If a troop contributor provides medical services according to our standards which include services of more than one level, those levels shall be accumulated accordingly. However dental and lab services will only be reimbursed for one level.

Major equipment

- For major equipment, which includes all related minor and medical equipment, we recommend that:

  (a) The factors "general and fair market value" and "useful life (dry lease)" for any medical equipment be pre-defined according to United Nations standards;

  (b) The factor for "maintenance costs (wet lease)" be reviewed;

  (c) The factor for "no-fault incidents" be reviewed.

We therefore recommend that a troop contributor be reimbursed on a flat-rate basis for the provision of its medical equipment:

Category of equipment	*Generic fair-market value (US$)*	*Estimated useful life (years)*	*Estimated maintenance rate*	*Monthly rate*		*No-fault incident factor (%)*	*Non-United Nations policy*
				Dry lease	*Wet lease*		
Level 1	163 600	8				0.1	
Level 2	1 180 430	8				0.1	
Level 3	2 052 500	8				0.1	
Dental	147 600	8				0.1	
Laboratory	22 800	8				0.1	

See "United Nations levels of medical support" (appendix I) – Levels 1, 2 and 3.

2. If the current procedures remain as they are, we do not recommend the establishment of retroactive payments and/or Memoranda of Understanding.

3. For all budget proposals (cost estimates), we recommend that new object codes be established for all categories of expenditures of Memoranda of Understanding in order to maintain transparency and accountability.

4. The term "force-wide service" should not be used at all.

5. We recommend that troop contributors be reimbursed on a flat-rate basis for their medical equipment and medical services provided according to United Nations standards as outlined in the Memoranda of Understanding.

Appendix I

United Nations levels of medical support

Introduction: Description of levels

1. There are essentially four levels of medical support in the United Nations medical support system for peacekeeping operations. They are:

(a) Basic level ("soldier" level or "buddy-aid"). This comprises the basic immediate first aid provided to a casualty by the nearest person on site;

(b) Level 1 ("battalion" level). This is the first level where trained medical personnel (including a doctor) are present. This level of support is usually provided by organic medical teams of the field units;

(c) Level 2 ("brigade" level surgical facility). This is a medical facility with limited specialist expertise and limited surgical capabilities. Life, limb and organ saving surgery can be performed here;

(d) Level 3 ("field hospital"). This is a fully equipped and staff multidisciplinary field hospital. All major medical and surgical specialties are provided for;

(e) Level 4 (static hospital). This usually refers to a full-fledged hospital either in the host country or in the troop-contributing country.

Importance of "buddy" aid (Basic level)

2. The initial treatment provided on site at the point of injury is a critical step in saving a life, organ or limb. Often is as basic as maintaining the airway to allow the casualty to breathe or a simple dressing to stop bleeding. A person trained in the very basics of essential first aid can do a significant amount to save a life and also to reduce the suffering of the ill or wounded. It is hence essential for all United Nations peacekeepers to have basic knowledge and skills in first aid.

3. The responsibility of training peacekeepers in first aid lies with the troop commanders and medical officers. The troops should be trained in their home countries prior to deployment in the mission area. They should also be equipped with personal field dressings and pocket masks. The essential components of "buddy" aid which the troops are expected to be trained in are described in the following paragraphs.

Components of buddy aid

4. The following are the essential elements of buddy aid for all peacekeepers:

(a) Cardiopulmonary resuscitation (CPR):

- Performing mouth-to-mouth resuscitation and using a pocket mask;
- Performing cardiac or chest compression;

(b) Control of haemorrhage (or bleeding):

- Applying pressure dressings and bandages to stop bleeding;
- Preventing further bleeding;

(c) Fracture immobilization:

- Immobilizing fractures in order to prevent further injury and to reduce pain;

(d) Wound dressing and bandaging:

- Dressing various types of common wounds;
- Dressing wounds in various parts of the body;

(e) Casualty transport and evacuation:

- Preparing a casualty for transportation;
- Transporting a casualty by stretcher;
- Improvising transportation in the absence of a stretcher;

(f) Communications and reporting:

- Procedures for reporting accidents and injuries in the mission area;
- Procedures for activating medical personnel and ambulances;
- Procedures for activating air-evacuation (if applicable).

Conduct of training

5. Buddy aid training for peacekeepers should focus on practical aspects, covering only the bare essentials of theory. The trainees should have adequate practice to ensure skills proficiency. Training should be conducted by trained medical personnel with experience in such training. All personnel must be familiar with the use of all items found in standard first-aid kits. Periodical continuation training must be conducted to ensure skills maintenance.

Equipping of peacekeeping troops

6. All troops must be equipped with one-time-use personal field dressing. It is recommended that all troops be issued one-time-use personal pocket masks (for mouth-to-mouth resuscitation) but this is optional. They should be proficient in the use of these items and must be aware of how to obtain resupply should the items be used or damaged.

UNITED NATIONS LEVELS OF MEDICAL SUPPORT
BASIC LEVEL *

MEDICAL LEVELS	TREATMENT CAPABILITY	TREATMENT CAPACITY	STAFFING REQUIREMENT	EQUIPMENT REQUIREMENT	INFRASTRUCTURE REQUIREMENT	REIMBURSEMENT RATE (per capita per month)	REMARKS
BASIC level	-'Buddy-Aid' by non-medical personnel - Skills: 1. Cardio-Pulmonary Resuscitation 2. Haemorrhage Control 3. Fracture Immobilisation 4. Wound dressing and Bandaging (including burns) 5. Casualty Transport And Evacuation 6. Communications and Reporting.	2 Casualties	Nil	- First Aid Kit* - Personal field Dressing - Personal Pocket Mask ** ***See appendix 1-A for detailed list of items in the First aid Kit.** **** Optional**	Nil	US $ 2.00	-Host Nation will prepare the servicemen with the required medical skills - The servicemen will be trained to a sufficient level of proficiency as stipulated in the guidelines disseminated by the MSU.* ***See Appendix 1-B for guidelines.**

* **-- "Soldier" Level or "Buddy" Aid.**
-- Basic First Aid Skills which every Peacekeeper should have.

UNITED NATIONS LEVELS OF MEDICAL SUPPORT
LEVEL 1 *

MEDICAL LEVELS	TREATMENT CAPABILITY	TREATMENT CAPACITY	STAFFING REQUIREMENT	EQUIPMENT REQUIREMENT	INFRASTRUCTURE REQUIREMENT	REIMBURSEMENT RATE (per capita per month)	REMARKS
LEVEL 1	Scope: 1. Maintenance of airway 2. Ventilation 3. Haemorrhage Control 4. Advanced Life Support 5. Treatment of shock 6. Correction of Dehydration 7. Fracture immobilisation 8. Wound management 9. Burns management 10. Infection control 11. Pain control 12. Minor surgery e.g. - Toilet & Suture - Nail Avulsion - Removal of corns 13. Treatment of common / minor illnesses 14. Stabilisation for evacuation 15. Evacuation	- treatment of 20 ambulatory patients per day - Holding capacity of 5 patients for up to 2 days - Medical supplies and consumables for 60 days	2 x medical officers 6 x medics / nurses **(able to split into 2 x forward medical teams, each with 1 x medical officer and 3 x medics / nurses)** **(See Appendix 2-A for Structure and Organization Chart)**	- Emergency resuscitation equipment and drugs - Fluids - Splints and bandages - surgical sets for minor surgical procedures - Field dispensary - Stretchers **(see Appendix 2-B for detailed equipment list)**	- Tentage - Containers - Buildings (if available) - Deployment will be sub-divided into 3 main areas - Resuscitation and Stabilisation - Treatment and minor Surgery - Holding/Observation	**US $ 13.23**	- The level 1 unit must be able to split into 2 x forward medical teams - All equipment must be packed in modules to allow this split - All equipment must be portable - the weight, size and shape of packs should enable one person to carry them - All equipment must be transportable by helicopter

* **-- Battalion or Regimental Aid Station Equivalent.**
-- Based on a Troop Strength of 500 to 700.

UNITED NATIONS LEVELS OF MEDICAL SUPPORT
LEVEL 2 *

Page 1 of 2.

MEDICAL LEVELS	TREATMENT CAPABILITY	TREATMENT CAPACITY	STAFFING REQUIREMENT	EQUIPMENT REQUIREMENT	INFRASTRUCTURE REQUIREMENT	REIMBURSEMENT RATE (per capita per month)	REMARKS
LEVEL 2	1. Triage, Resuscitation and Stabilisation. 2. Life and limb saving surgical interventions e.g.: - Laparotomy - Thoracocentesis - Appendicectomy - wound exploration - Fracture debridement 3. Anaesthesia (General & Regional) 4. Advanced Life Support and Intensive Care 5. Treatment and observation of common medical conditions and infectious diseases 6. Essential pharmaceutical support 7. Basic dental service - Pain relief - Simple extractions - Simple fillings - Infection control **(Continued Overleaf)**	- 3 to 4 surgical operations per day - Hospitalisation of 10 to 20 sick or wounded at any one time - Up to 7 days of hospitalisation for each patient - Up to 40 outpatient consultations per day - 5 to 10 dental consultations per day - 10 x-rays and 20 laboratory tests per day - Medical supplies and consumables for 60 days	2 x General Surgeons 1 x Anaesthetist 1 x Internist 1 x General Physician 1 x Dentist 1 x Hygiene Officer 1 x Pharmacist 1 x Head Nurse 2 x Intensive care nurses 1 x OT Nurses 10 x nurses/medics 1 x Radiographer 1 x laboratory technician 1 x Dental assistant 2 x Ambulance drivers 1 x Electrician 1 x general mechanic 4 x others (support services) **Total : 33 staff (max 35 staff)** **(See Appendix 3-A for Structure and Organization Chart)**	- Standard OT fixtures and equipment - Standard ICU equipment - Essential laboratory and radiography equipment - dental chair and equipment **(See Appendix 3-B for detailed equipment list)**	1. **Hospital** a. Reception / Admin b. 2 x Outpatient Consultation Rooms c. 1 x pharmacy d. 1 x radiography room e. 1 x laboratory f. 1 x dental treatment room g. Dental x-ray room h. 1 x Emergency / Resuscitation / Anaesthesia / Recovery Room i. 1 x Operating theatre j. 1 x Sterilization Room k. 1 or 2 x 10 bed wards l. 1 to 2 bed Intensive Care Unit **(Continued Overleaf)**	1. Epidemiological low - risk areas **US$ 20.63** 2. Epidemiological high- risk areas (requiring malaria prophylaxis, Vaccinations etc.) **US$ 29.33**	- **The level 2 facility must be able to configure at least 2 forward medical teams capable of resuscitating and treating casualties on-site.** - **Each of these teams comprise 1 x doctor and 2 x nurses/medics.** - **There must be provision made for sufficient and suitable portable equipment and packs in order to perform this role.**

* **-- Regional Medical support in a Mission Area with Emergency Surgical Capabilities.**
-- Based on a Troop Strength of 1000.

UNITED NATIONS LEVELS OF MEDICAL SUPPORT
LEVEL 2 [a]

MEDICAL LEVELS	TREATMENT CAPABILITY	TREATMENT CAPACITY	STAFFING REQUIREMENT	EQUIPMENT REQUIREMENT	INFRASTRUCTURE REQUIREMENT	REIMBURSEMENT RATE (per capita per month)	REMARKS
LEVEL 2 (Cont'd)	8 Basic laboratory facility - Blood group & cross matching - Hb - Leucocyte count - ESR - Gram staining - Blood film - Urine analysis 9. Basic diagnostic Radiography 10. Hygiene control and Prevention of disease 11. Evacuation of casualties to Level 3 And level 4 facilities. 12. Capability to resupply Level 1 facilities.				2. **Support Services** a. Kitchen b. Laundry c. Supply storage facility d. Maintenance room e. Communications f. Transportation (Ambulance/ Air evacuation) g. Generator room h. Fuel storage i. Staff room j. Water / Sanitation/ Waste Disposal 3. **Accommodation** a. Tentage b. Containers c. Fixed Shelters		

[a] **-- Regional Medical Support in a Mission Area with Emergency Surgical Capabilities.**
-- Based on a Troop Strength of 1000.

UNITED NATIONS LEVELS OF MEDICAL SUPPORT
LEVEL 3 *

MEDICAL LEVELS	TREATMENT CAPABILITY	TREATMENT CAPACITY	STAFFING REQUIREMENT #	EQUIPMENT REQUIREMENT	INFRASTRUCTURE REQUIREMENT	REIMBURSEMENT RATE (per capita per month)	REMARKS
LEVEL 3	- As per Level 2 **In Addition:** 1. Full multi-discipline surgical facilities with post-operative care. 2. Full laboratory services 3. Extended investigative radiological capabilities, including Ultrasound 4. Full pharmaceutical services including the capability to resupply Level 1 and level 2 units. 5. Extended Dental treatment to include emergency dental surgery.	- Up to 10 surgical operations per day - Hospitalisation of 50 patients at any one time. - Up to 30 days of hospitalisation for each patient - 50 to 60 outpatient consultations per day - 10 dental consultations per day - 20 x-rays and 40 laboratory tests per day - Medical supplies and consumables for 60 days.	4 x General Surgeons 1 x Orthopaedic Surgeon 1 x Obs & Gynae 1 x Dermatologist 2 x Anaesthetist 2 x Internist 4 x General Physicians 1 x Dental Surgeon 1 x Dentist 1 x Psychiatrist/ Psychologist 1 x Hygiene Officer 1 x Pharmacist 1 x Head Nurse 4 x Intensive care nurses 4 x OT Nurses 40 x nurses/medics 1 x Pharmacist Asst 2 x Radiographer 2 x laboratory technician 2 x Dental assistant **(Continued Overleaf)**	- Standard OT fixtures and equipment - Standard ICU equipment - Essential laboratory and radiography equipment - 2 x dental chairs and equipment **(See Appendix 4-B for detailed equipment list)**	1 **Hospital** a Reception / Admin b 3 to 4 x Outpatient Consultation Rooms c 1 x pharmacy d 1 x radiography room e 1 x laboratory f 1 x dental treatment room (2 chairs) g Dental x-ray room h 1 x Emergency / Resuscitation / Anaesthesia / Recovery Room i 2 x Operating theatres j 1 x Sterilization Room k 2 x 25 bed wards (or any configuration for 50 beds) l 1 to 4 bed Intensive Care Unit **(Continued Overleaf)**	1 Epidemiological low - risk areas **US$ 25.13** 2 Epidemiological high- risk areas (requiring malaria prophylaxis, Vaccinations etc) **US$ 33.83**	The level 3 facility must have the capability of forming small forward medical teams (1 x doctor and 2 x nurses/medics) with portable resuscitation equipment and portable supplies and consumables

* -- **Fully Deployed Field Hospital.**

-- Based on a Troop Strength of 3000 to 5000.

 # -- Of the 4 General Surgeons, there should preferably be at least one with experience/training in performing Craniotomies and one with experience/ training in Urology. The Internists should preferably have specialised knowledge in Cardiology and Tropical Medicine.

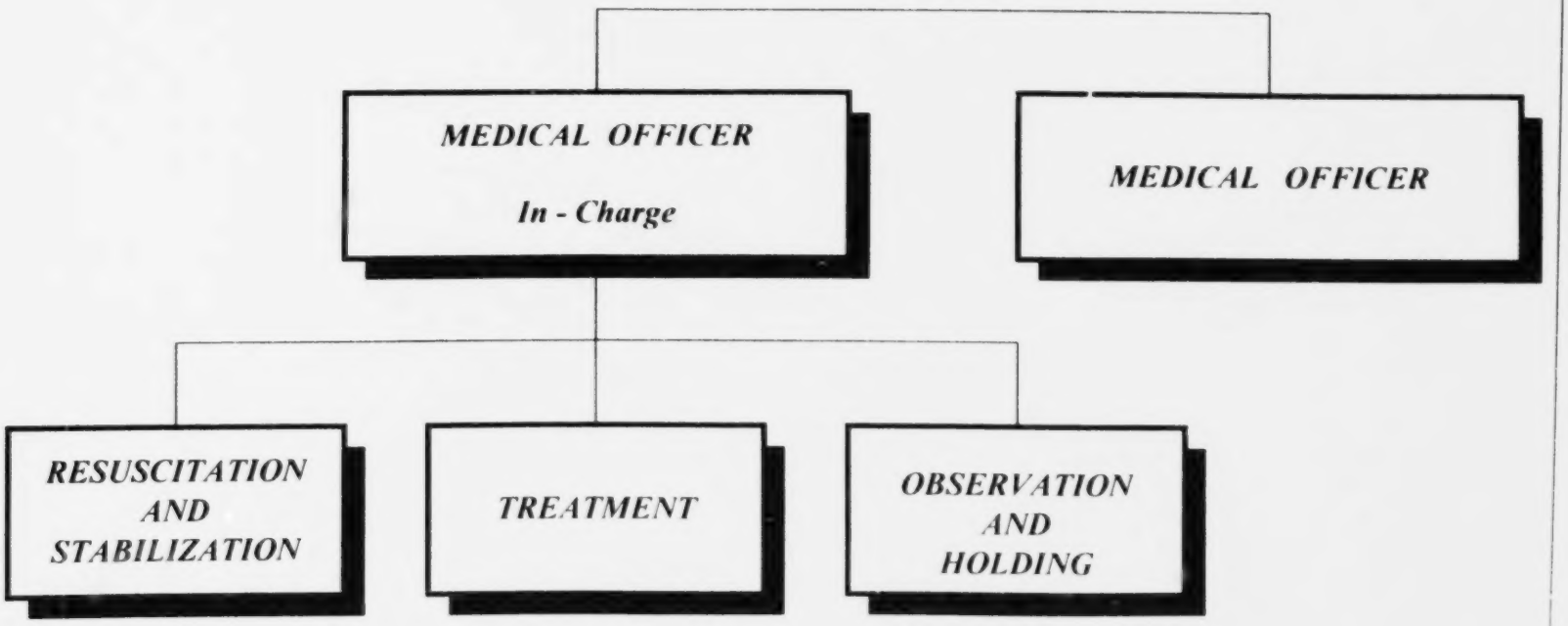
UNITED NATIONS LEVELS OF MEDICAL SUPPORT
LEVEL 3 [a]

MEDICAL LEVELS	TREATMENT CAPABILITY	TREATMENT CAPACITY	STAFFING REQUIREMENT	EQUIPMENT REQUIREMENT	INFRASTRUCTURE REQUIREMENT	REIMBURSEMENT RATE (per capita per month)	REMARKS
LEVEL 3 (Cont'd)			4 x Ambulance drivers 1 x Electrician 1 x general mechanic 8 x others (support services) **Total : 90 staff** **(See Appendix 4-A for Structure and Organization Chart)**		2 **Support Services** a Kitchen b Laundry c Supply storage facility d Maintenance room e Communications f Transportation (Ambulance/ Air evacuation) g Generator room h Fuel storage i Staff room j Water / Sanitation/ Waste Disposal 3 **Accommodation** a Tentage b Containers c Fixed Shelters		

[a] **-- Fully Deployed Field Hospital.**
-- Based on a Troop Strength of 3000 to 5000.

UNITED NATIONS MEDICAL SUPPORT LEVEL I MEDICAL UNIT

STRUCTURE AND ORGANIZATION



APPENDIX 1-A

UNITED NATIONS MEDICAL SUPPORT

STANDARD FIRST AID KIT
CONTENTS

S/No.	ITEM	QTY	REMARKS
01.	Pouch or Box	01	1. A box is suitable in facilities where the kit is expected to remain static. Where there is a requirement for the Kit to be portable, a pouch with sling is to be used. 2. The following facilities must have at least one First Aid Kit : A. All Vehicles B. All workshops and maintenance facilities. C. All Kitchens and cooking facilities. D. Any other area where a Force Commander or Force Medical Officer deem it necessary to have a First Aid Kit. 3. The FMO and staff appointed by him are responsible for the training of the relevant personnel and the maintenance of the First Aid Kits.
02.	Field Dressing (small)	05	
03.	Field Dressing (large)	01	
04.	Burns Dressing	01	
05.	Triangular Bandages	05	
06.	Sterile Gauze Pads	10	
07.	Roller bandages/Gauze rolls	05	
08.	Sterile Cotton Wool	100g	
09.	Wound Cleansing Solution (e.g. Cetrimide, Alcohol)	01 bottle	
10.	Adhesive Tape	02 rolls	
11.	Safety Scissors (Super Shear)	01	
12.	Pocket Mask	01	
13.	Gloves (size 7 1/2)	02 pairs	
14.	Arterial Tourniquet	01	

UNITED NATIONS MEDICAL SUPPORT
LEVEL I MEDICAL FACILITY
(EQUIPMENT REQUIREMENT)

@ - Self Sustainment Reimbursement Rate

- Major Equipment Reimbursement Rate

FUNCTION	ITEM	QUANTITY	COST (US $)
A. Administration Logistics and Communications	I. Furniture @	Adequate	4 000
	ii. Stationery/Documentation @	Adequate	1 000
	iii. Computer/Printer* @	1 Set	3 000
	iv. Telephone* @	1 line	1 000
	v. Facsimile* @	1 line/set	1 000
	vi. VHF/UHF Communications @	Suitable to Mission	5 000
	vii. Storage (Boxes, Cupboards etc.) @	Adequate	2 000
	viii. Standby Generator (Portable) @	1	5 000
	* Optional. Where possible or feasible.		

FUNCTION	ITEM	QUANTITY	COST (US $)
B. Emergency Treatment / Consultation	I. Desk and Chairs @	1 set	2 000
	ii. Examination Couch #	1 set	2 000
	iii. Essential Diagnostic Equipment #	1 or 2 sets	
	- Stethoscope #		100
	- Ophthalmoscope #		500
	- Otoscope #		500
	- ECG machine #		5 000
	- Reflex mallet #		100
	- Thermometers #		50
	- Sphygmomanometer #		100
	- Gynecological speculum #		300
	- Proctoscope #		300
	- Measuring Tape #		10
	- Torch #		20
	- Examination lamp #		2 000
	- Miscellaneous #		1 000
	iv. X-ray View Box #	1	1 000
	v. Minor treatment /dressing sets. @	Adequate quantity -Consumables	
	vi. Resuscitaion trolley (fully equipped) #	1 set	2 000
	vii. Intubation set #	1 set	1 500
	viii. Coniotomy set #	1 set	500
	ix. ECG Machine #	1	5 000
	x. Defibrillator #	1	8 000
	xi. Oxygen cylinder #	2 cylinders	400
	xiii. Nebuliser #	1	200
	xiv. Suction Unit #	1	1 000
	xv. Perfusion stands #	2	400
	xvi. General purpose sets #	3	600

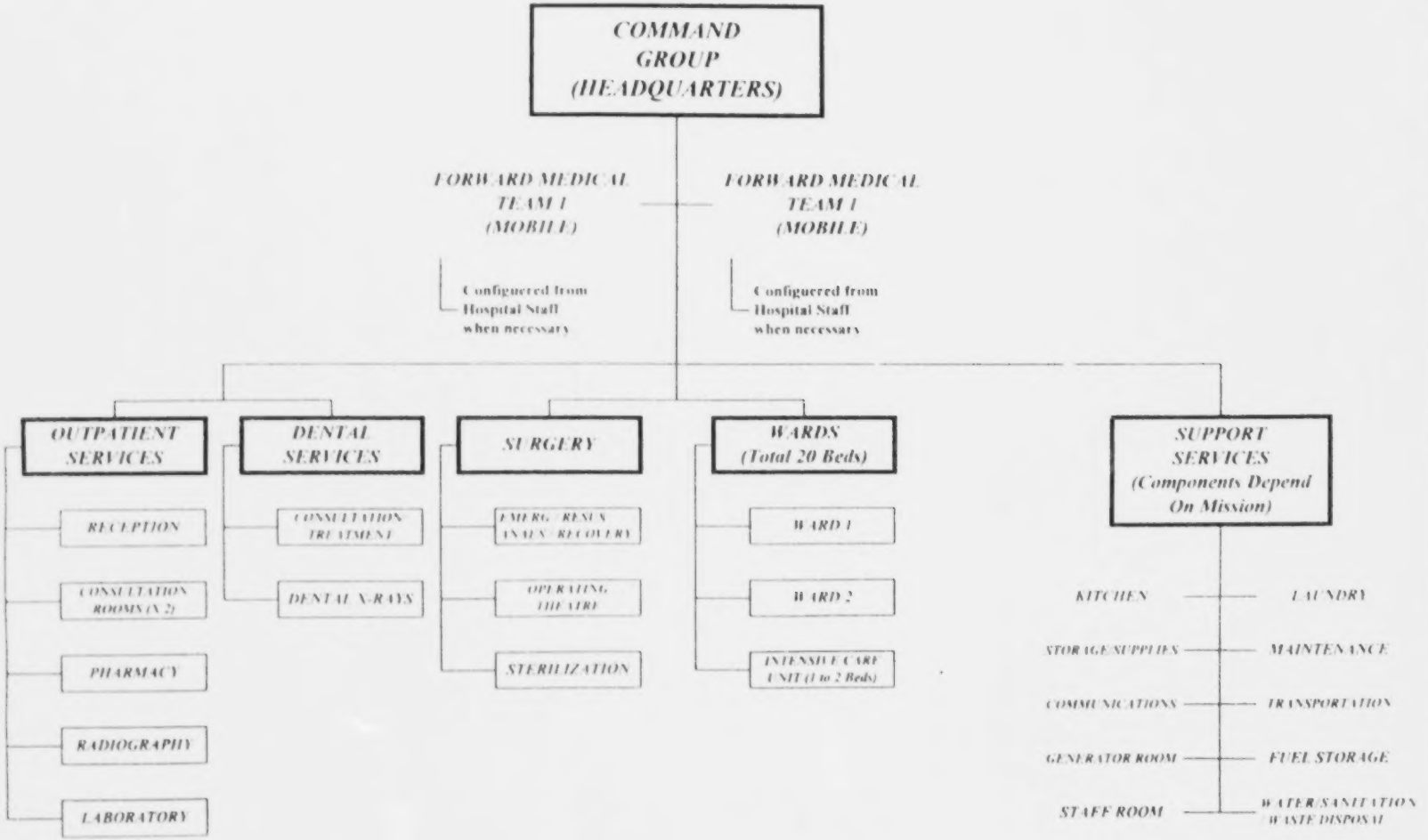
FUNCTION	ITEM	QUANTITY	COST (US $)
	xvii. Sets for chest -tube insertion, catheterization and venous 'cut-downs'. #	1 Set each	600
	xviii. Infusion Pump #	1 Set	3 000
	xviv. Pulse Oximeter #	1 Set	3 000
C. Pharmaceuticals CONSUMABLES	I. Analgesics *a*	Adequate quantity and essential variety to support up to 500 troops for a period of 3 months.	
	ii. Antipyretics *a*		
	iii. Antibiotics *a*		
	iv. Drugs for common respiratory conditions *a*		
	v. Drugs for common gastro-intestinal conditions *a*		
	vi. Drugs for common musculo-skeletal conditions *a*		
	vii. Drugs for common cardiovascular conditions *a*		
	vii. Drugs for other common illnesses *a*		
	viii. Resuscitation drugs (including Narcotics) *a*		

FUNCTION	ITEM	QUANTITY	COST (US $)
D. Laboratory	i. Microscope (binocular) #	1 set	3 000
	ii. Centrifuge #	1 set	3 000
	iii. Urinalysis Kits @		
	iv. Supplies(tubes, slides reagents etc.) @	Adequate quantity -Consumables	
	v. Glucometer #	1 set	1 000
	vi. Refigerator #	1	800
	vii. Analyser (Reflotron Type) #	1	15 000
E. Sterilization	i. Field Autoclave Sterilizer #	1 set	5 000
F. Inpatient care	i. Collapsible Beds #	5	1 500
	ii. Crutches #	2 pairs	120
	iii. Trolley for drugs #	1	2 000
	iv. Untensils for feeding patients #	10 sets	2 000

FUNCTION	ITEM	QUANTITY	COST (US $)
G. Transportation	I. Fully equipped Ambulances #	1	80 000
	ii. Vehicle maintenance equipment #	1 set	5 000
	iii. First Aid Kit @	1 set	
	iv. Furniture and stationery @	Adequate quantity	1 600
H. Miscellaneous (Additional to Level 1 Equipment)	i. Doctor's Bags #	2 sets	3 000
	ii. Paramedic / Nurse Bags #	3 sets	3 000
Medical equipment #		163 600	
Non-medical eqipment @		25 600	

UNITED NATIONS MEDICAL SUPPORT
LEVEL II MEDICAL UNIT

STRUCTURE AND ORGANIZATION



UNITED NATIONS MEDICAL SUPPORT
LEVEL 2 MEDICAL FACILITY
(EQUIPMENT REQUIREMENT)
@ - Self Sustainment Reimbursement Rate
 # - Major Equipment Reimbursement Rate

FACILITY	ITEM	QUANTITY	COST
I. Outpatient Services A. Reception	I. Furniture @	Adequate	16 000
	ii. Stationery/Documentation @	Adequate	4 000
	iii. Computer/Printer @	1 Set	3 000
	iv. Telephone @	2 lines	4 000
	v. Facsimile @	1 to 2 lines/sets	1 000
B. Consultation Rooms (x 2)	I. Desk and Chairs @	1 set per room	2 000
	ii. Examination Couch #	1 per room	2 400
	iii. Essential Diagnostic Equipment #	1 set per room	
	- Stethoscope #		200
	- Ophthalmoscope #		1 000
	- Otoscope #		1 000
	- ECG machine #		10 000
	- Reflex mallet #		200
	- Thermometers #		100
	- Sphygmomanometer #		200
	- Gynecological speculum #		600
	- Proctoscope #		600
	- Measuring Tape #		20
	- Torch #		40
	- Examination lamp#		4 000
	- Miscellaneous #		2 000
	iv. Documentation and Stationery #	Adequate	4 000

FUNCTION	ITEM	QUANTITY	COST (US $)
C. Pharmacy	I. Analgesics @	Adequate quantity and essential variety to support 40 outpatients per day for a period of 60 days. The list of drugs are detailed in the United Nations Medical Support Manual.	
	ii. Antipyretics @		
	iii. Antibiotics @		
	iv. Drugs for common respiratory @ conditions		
	v. Drugs for common gastro-intestinal conditions @		
	vi. Drugs for common musculo-skeletal conditions @		
	vii. Drugs for common cardiovascular conditions @		
	vii. Drugs for other common illnesses @		
	viii. Resuscitation drugs and equipment (Including Narcotics) @		
	ix. Refrigerator for drugs #	1	800
	x.Refrigerator for Blood/Blood products #	1	3000

FUNCTION	ITEM	QUANTITY	COST (US $)
D. Radiography Room	I. X-ray machine #	1 set	65000
	ii. Automatic Film Processor (or dark room) #	1 set	20000
	iii. X-ray table #	1 table	4000
	iv. X-ray View Box #	1	1000
	v. Protective Equipment for staff and patients #	2 sets	4600
	vi. Other films, cassettes and stands for standard views # - Skull X-ray -Chest X-ray - Abdominal X-ray - Limb x-rays - Long Limb views	Adequate quantity	5000
E. Laboratory	I. Basic Blood Analizer & related equipment (Hb, Blood count, Blood Biochemistry etc.) #	1 set	25000
	ii. Kits for HIV and other blood tests @	5 sets each	
	iii. Microscope #	1 set	3000
	iv. Centrifuge #	1 set	3000
	v. Urinanalysis Kits @	Adequate Quantity	
	vi. Incubator #	1	5000
	vii. Supplies(tubes, reagents etc.) @	Adequate quantity	
	viii Glucometer #	1 set	1000
	ix. Refrigerator #	1	800
	x. Freezer (FFP)#	1	3000

FUNCTION	ITEM	QUANTITY	COST (US $)
II. Dental Services A. Consultation/ Treatment	I. Dental Chair, electrical #	1 set	65 000
	ii. Equipment for treatment # - Extraction # - Filling # - Other basic treatment #	Adequate for 5 to 10 patients per day	3 000
	iii. Drilling unit #	1 set	20 000
	iv. Furniture @	Adequate quantity	2 000
B. Dental X-ray	I. X-ray Equipment #	1 set	25 000
	ii. Automatic Developer#	1 set	15 000
	iii. Protective Equipment #	2 set	4600
C. Dental sterilization	iv. Dental sterilizer #	1 set	15 000
III. Surgery/Anaesthesia A. Emergency / Resuscitation / Anaesthesia / Recovery Room	i. Desk and Chairs @	2 to 3 sets	6 000
	ii. Examination Couch #	3 sets	7 200
	iii. Essential Diagnostic Equipment # - Stethoscope # - Ophthalmoscope # - Otoscope # - ECG machine # - Reflex mallet # - Thermometers # - Sphygmomanometer # - Gynecological speculum # - Proctoscope # - Measuring Tape # - Torch # - Examination lamp# - Miscellaneous #	2 sets	 400 2 000 2 000 20 000 400 200 400 1 200 1 200 40 80 8 000 4 000
	iv. X-ray Viewer #	1	1 000

FUNCTION	ITEM	QUANTITY	COST (US $)
	v. Minor Treatment/Dressing sets @	Adequate quantity	
	vi. Resuscitation trolley (fully equipped) #	2 sets	12 000
	vii. Intubation sets #	2 sets	3000
A. Emergency Resuscitation / Anaesthesia / Recovery Room (Continued)	viii. Coniotomy set #	2 sets	1000
	ix. ECG machine #	1 set	9000
	x. Defibrillator #	1 set	8000
	xi. Portable Ventilator/ Oxygen cylinder #	1 set	6500
	xii. Pulse Oximeter #	1 set	3000
	xiii. Suction Unit #	1 set	4000
	xiv. Nebulizer #	1 set	200
	xv. Backboards/ Vacuum Mattress #	2 sets	7000
	xvi. Excision/Suture sets #	3	4800
	xvii. Perfusion Stands #	3	600
	xviii. Sets for chest-tube insertion, catheterization and venesection. #	2 sets each	1200
	xiv. Anaesthetic gas supply system #	To support 3 to 4 operations per day.	20000
	xv. Drugs and consumables required for induction of Anaesthesia and post-operation recovery (including local and regional anaesthesia @		

FUNCTION	ITEM	QUANTITY	COST (US $)
B. Operating Theaters (OT)	I. Operating tables #	1	14000
	ii. OT Lamps #	2	12000
	iii. Anaesthesia machine #	1	50000
	iv. Oxygen and Anaesthetic gases @	Essential	
	v. Diathermy machine #	1	8000
	vi. Suction Unit for body fluids #	1	4000
	vii. Laparotomy sets #	Sufficient quantity to support 3 to 4 operations per day.	11000
	viii. Thoracotomy sets #		
	ix. Craniotomy sets #		
	x. Wound exploration sets #		
	xi. Sets for amputations #		
	xii. Fracture fixation sets and fixation # equipment #		
	xiii. Appendicectomy and general purpose sets #		
	xiv. Disinfection Equipment #	Adequate	4 000
	xv. Resuscitation/Monitoring Equipment - trolley with drugs # - Defibrillator # - Ventilator # - Intubation sets # - Infusion pump # - Suction pump # - Pulse Oximeter # - Oxygen Cylinders #	1 set	 1 000 1 2000 6 500 1 500 4 500 4 000 3 000 1 000
	xvi. Patient transport and transfer trolley #	2 per OT	7 000

FUNCTION	ITEM	QUANTITY	COST (US $)
	xvii. Surgical Consumables @	To support 3 to 4 operations per day	
C. Sterilization Room	I. Autoclave Sterilizer #	1 set	40000
	ii. Boiler #	1	4000
	iii. Disinfection Equipment @	1 set	7000
	iv. Fire extinguisher @	1	800
	v. Furniture and supplies @	Adequate	2000
	vi. Machine for cleansing surgical instruments #	1 or 2	2800
IV. WARDS A. General Multi-discipline Wards	I. Collapsible Multi-purpose Hospital Beds #	20 beds (10 per ward)	20000
	ii. Orthopaedic Traction Equipment #	2 sets per ward	9600
	iii. Mini-dispensary (trolley) #	1 per ward	2400
	iv. Essential medical supplies and equipment for inpatient care @	Adequate quantity based on number of beds	
	v. Furniture, office supplies etc. @	Adequate quantity	
	vi. Utensils for catering food to patients #	For 20 inpatients	4000

FUNCTION	ITEM	QUANTITY	COST (US $)
	vi. Crutches #	4 sets	400
	viii. Wheel chairs #	2 sets	2400
	ix. Cloth patients	1 set	10000
B. Intensive Care Ward	I. Intensive care hospital beds #	2 beds	3 000
	ii. Resuscitation/Monitoring Equipment #	1 set	
	- trolley with drugs #		1 000
	- Defibrillator #		1 2000
	- Ventilator #		6 500
	- Intubation sets #		1 500
	- Infusion pump #		4 500
	- Suction pump #		4 000
	- Pulse Oximeter #		3 000
	- Oxygen Cylinders #		1 000
V. SUPPORT SERVICES A. Kitchen	I. Cooking Equipment # - Stoves - Ovens - Boilers - Cooking pots, pans, utensils etc.	1 set (to cater for 20 inpatients)	20 000
	ii. Serving Equipment #	1 set (to cater for 35 staff)	1750
	iii. Cooking Equipment @ - Stoves - Ovens - Boilers - Cooking pots, pans, utensils etc.	1 set (to cater for 35 staff)	35000
	iv. Serving Equipment @	1 set (to cater for 20 inpatients)	1000
	v. First Aid Kit @	1	

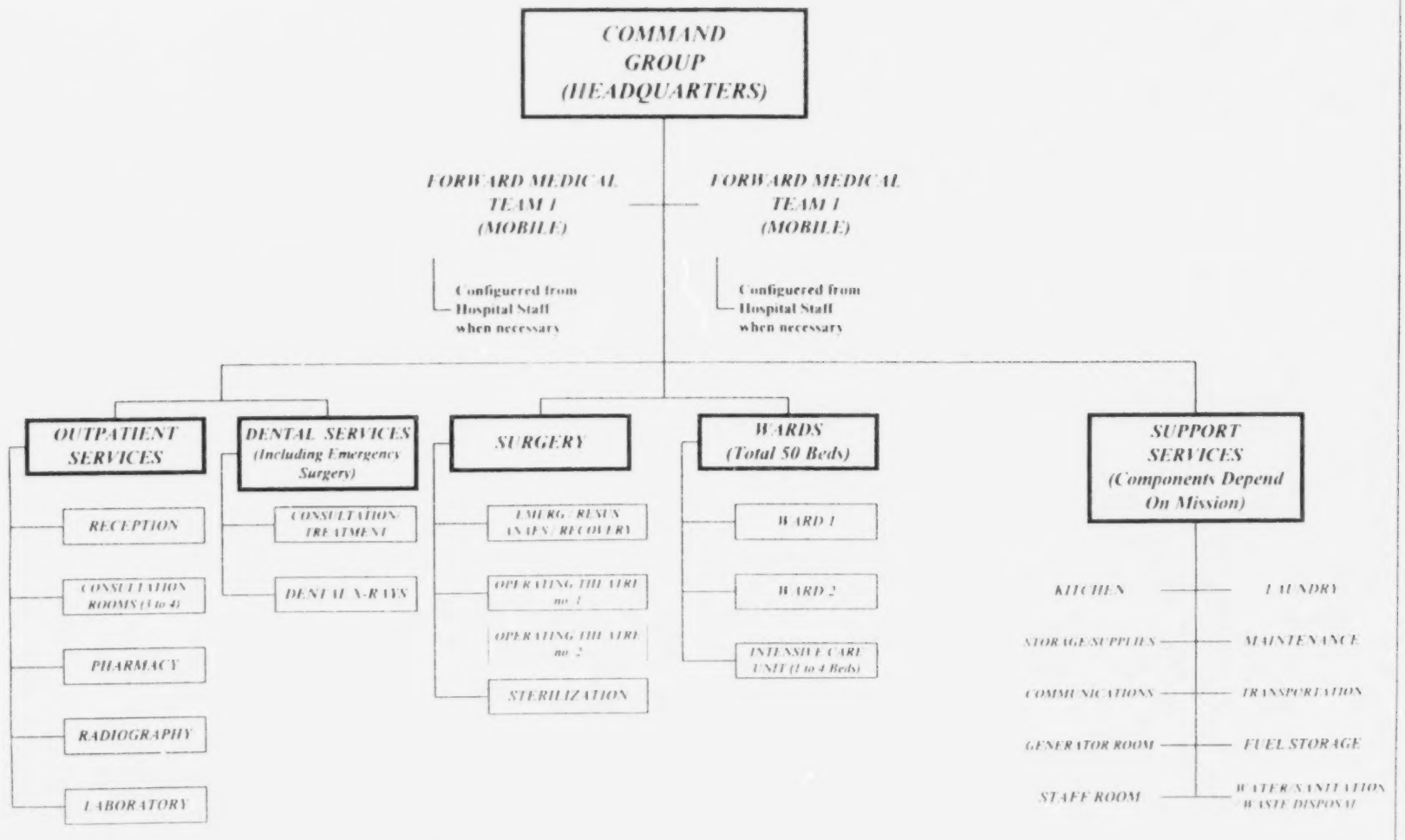
FUNCTION	ITEM	QUANTITY	COST (US $)
	vi. Dishwashers #	1	2000
	vii. Cleaning equipment #	1 set	1000
	viii. Fire Extinguisher @	2	1600
B. Laundry For Hospital Use	I. Clothes Washing Machines #	2 machines	3000
	ii. Clothes Dryers #	1 machines	1500
	iii. Detergents and supplies @	Adequate	
C. Storage /Supplies Room	I. Storage shelves #	Adequate quantity	10000
	ii. Storage cupboards cabinets #	Adequate quantity	5000
	iii. Refrigerator #	1 or 2	1600
D. Maintenance	I. Equipment and tools for routine maintenance of equipment and infrastructure #	1 set	5000
	ii. First Aid Kit @	1 set	
E. Communications Room	I. Telephone @	2 sets	2000
	ii. Internal Telephone System @	1 set	2000
	iii. Facsimile @	1 set	1000
	iv. Computer with electronic mail @	1 set	3000
	v. Furniture and stationery @	adequate quantity	1000

FUNCTION	ITEM	QUANTITY	COST (US $)
	vi. VHF/UHF Radio @ - with links to CO and Forward Medical Teams	1 set	5000
F. Transportation	I. Fully equipped Ambulances # Includes: - Doctor's Bag # - Oxygen cylinders # - Suction pump # - Resuscitation drugs # - Helicopter landing site Marking equipment # (smoke grenades, Luminous sticks, luminous Sheets etc - Emergency lighting # - Communication eqpt. # (VHF UHF)	2 fully equipped ambulances	160 000 3 000 3 000 2 000 1 000 200 200 800
	ii. Vehicle maintenance equipment #	2 sets	10 000
	iii. First Aid Kit @	1 set	
	iv. Furniture and stationery @	Adequate quantity	3800
G. Generator Room	I. Standby Generators (> 20 KVA) #	2 sets	19 000
	ii. Maintenance Equipment #	1 set	4 000
	iii. First Aid Kit @	1 set	
	iv. Fire extinguisher @	1	800

FUNCTION	ITEM	QUANTITY	COST (US $)
H. Fuel Storage	I. Fuel for Generators @	1 week's supply	
	ii. Fire Extinguishers @	2 sets	1600
I. Staff Room	I. Lounge Furniture @	1 set	2000
	ii. Other furniture @	Adequate quantity	6000
	iii. Coffee maker/other beverage appliances @	1 set	4000
J. Water, Sanitation And Waste Disposal	I. Toilet Facilities and sanitation system #	Adequate 20 inpatients as well as 50 outpatients	30000
	ii.Toilet Facilities and sanitation system @	Adequate for 35 staff	30000
	iii. Shower facilities and systems #	For inpatients	25000
	v. Hand washing facilities and systems for staff throughout the hospital #	As per medical hygiene requirement	20000
	vi. Refuse Disposal facilities and system #	Adequate	16000
	vii. Medical disposables (contaminated) collection and disposal system #	Adequate	10000
	viii. Biological waste disposal system #	Adequate	10000
	ix. Water Supply for Hospital Facilities , reverse osmose #	Adequate	150000
Value of medical equipment #		1 180 430	
Value of non=medical equipment @		143 800	

UNITED NATIONS MEDICAL SUPPORT LEVEL III MEDICAL UNIT

STRUCTURE AND ORGANIZATION



UNITED NATIONS MEDICAL SUPPORT
LEVEL 3 MEDICAL FACILITY
(EQUIPMENT REQUIREMENT)

a - **Self Sustainment Reimbursement Rate**
- **Major Equipment Reimbursement Rate**

FACILITY	ITEM	QUANTITY	COST (US $)
I. Outpatient Services A. Reception	i. Furniture *a*	Adequate	24000
	ii. Stationery/Documentation *a*	Adequate	6000
	iii. Computer/Printer *a*	1 Set	3000
	iv. Telephone *a*	2 lines	4000
	v. Facsimile *a*	1 to 2 lines sets	1000
B. Consultation Rooms (x 4)	i. Desk and Chairs *a*	1 set per room	11600
	ii. Examination Couch #	1 per room	4800
	iii. Essential Diagnostic Equipment # - Stethoscope # - Ophthalmoscope # - Otoscope # - ECG machine # - Reflex mallet # - Thermometers # - Sphygmomanometer # - Gynecological speculum # - Proctoscope # - Measuring Tape # - Torch # - Examination lamp# - Miscellaneous #	1 set per room	 400 2 000 2 000 20 000 400 200 400 1 200 1 200 40 80 8 000 4 000
	iv. Documentation and Stationery #	Adequate	8000

FACILITY	ITEM	QUANTITY	COST (US $)
C. Pharmacy	I. Analgesics @	Adequate quantity and essential variety to support 50 to 60 outpatients per day for a period of 60 days. The list of drugs are detailed in the United Nations Medical Support Manual.	
	ii. Antipyretics @		
	iii. Antibiotics @		
	iv. Drugs for common respiratory conditions @		
	v. Drugs for common gastro-intestinal conditions @		
	vi. Drugs for common musculo-skeletal conditions @		
	vii. Drugs for common cardiovascular conditions @		
	vii. Drugs for other common illnesses @		
	viii. Resuscitation drugs and equipment (Including Narcotics) @		
	ix. Refrigerator for drugs #	2	1600
	x. Refrigerator for Blood/Blood products #	2	6000

FACILITY	ITEM	QUANTITY	COST (US $)
D. Radiography Room	i. X-ray machine #	1 set	130000
	ii. Automatic Film Processor (or dark room) #	1 set	20000
	iii. X-ray table #	1 table	4000
	iv. X-ray View Box #	2	2000
	v. Protective Equipment for staff and patients #	4 sets	9200
	vi. Other films, cassettes and stands for standard views # - Skull X-ray -Chest X-ray - Abdominal X-ray - Limb x-rays - Long Limb views	Adequate quantity	7500
	vii. Ultrasound Machine #	1 set	60000
E. Laboratory	i. Basic Blood Analysis equipment (Hb, Blood count, Blood Biochemistry etc.) #	2 sets	70000
	ii. Kits for HIV and other blood tests *a*	5 sets each	
	iii. Microscope #	2 sets	6000
	iv. Centrifuge #	2 sets	6000
	v. Urinanalysis Kits *a*	Adequate Quantity	
	vi. Incubator #	1	5000
	vii. Supplies(tubes, reagents etc.) *a*	Adequate quantity	
	viii. Glucometer #	2 sets	2000
	ix. Blood Gas Analyzer #	1 set	28000
	x. Bacterial Culture Material *a*	Adequate	

FACILITY	ITEM	QUANTITY	COST (US $)
	xi. Refrigerator #	1	800
	xii. Freezer (FFP) #	1	3000
II. Dental Services A. Consultation/ Treatment	I. Dental Chair, electrical #	2 sets	130 000
	ii. Equipment for treatment # - Extraction # - Filling # - Other basic treatment #	Adequate for 10 patients per day	60 000
	iii. Dental drilling unit #	2 sets	40 000
	iv. Furniture @	Adequate quantity	4 000
B. Dental X-ray	i. X-ray Equipment #	1 set	25 000
	ii. Automatic Developer#	1 set	15 000
	iii. Protective Equipment #	2 set	4 600
C. Dental sterilization	I. Dental sterilizer #	1 set	15 000
III Surgery/Anaesthesia A. Emergency / Resuscitation / Anaesthesia / Recovery Room	i. Desk and Chairs @	2 to 3 sets	6 000
	ii. Examination Couch #	3 sets	7 200
	iii. Essential Diagnostic Equipment # - Stethoscope # - Ophthalmoscope # - Otoscope # - ECG machine # - Reflex mallet # - Thermometers # - Sphygmomanometer # - Gynecological speculum # - Proctoscope # - Measuring Tape # - Torch # - Examination lamp# - Miscellaneous #	3 sets	 600 3 000 3 000 30 000 600 300 600 1 800 1 800 60 120 12 000 6 000
	iv. X-ray Viewer #	2 to 3	3 000
	v. Minor Treatment/Dressing sets #	Adequate quantity	6 000

FACILITY	ITEM	QUANTITY	COST (US $)
	vi. Resuscitation trolley (fully equipped) #	2 sets	12 000
A. Emergency Resuscitation / Anaesthesia / Recovery Room (Continued)	vii. Intubation sets #	4 sets	6000
	viii. Coniotomy set #	4 sets	2000
	ix. ECG machine #	2 sets	18000
	x. Defibrillator #	2 sets	16000
	xi. Portable Ventilator/ Oxygen cylinder #	2 sets	13000
	xii. Pulse Oximeter #	2 sets	6000
	xiii. Suction Unit #	2 sets	2000
	xiv. Nebulizer #	2 sets	400
	xv. Backboards/ Vacuum Mattress #	4 sets	14 000
	xvi. Excision/Suture sets #	6	9600
	xvii. Perfusion Stands #	4 to 6	1200
	xviii. Sets for chest-tube insertion, catheterization and venesection. #	4 sets each	4800
	xiv. Anaesthetic gas supply system #	To support up to 10 operations per day.	20 000
	xv. Drugs and consumables required for induction of Anaesthesia and post-operation recovery (including local and regional anaesthesia @		

FACILITY	ITEM	QUANTITY	COST (US $)
B. Operating Theaters (OT) (2 OTs)	I. Operating tables #	1 per OT	28 000
	ii. OT Lamps #	2 per OT	24 000
	iii. Anaesthesia machine #	1 per OT	100 000
	iv.Oxygen and Anesthetic gases @	Essential	
	v. Diathermy machine #	**1 per OT**	**16 000**
	vi. Suction Unit for body fluids #	**1 per OT**	**8 000**
	vii. Laparotomy sets #	**Sufficient quantity to support up to 10 operations per day.**	33 000
	viii. Thoracotomy sets #		
	ix . Craniotomy sets #		
	x. Wound exploration sets #		
	xi. Sets for amputations #		
	xii. Fracture fixation sets #		
	xiii. Appendicectomy and general purpose sets #		
	xiv. Disinfection Equipment #	Adequate	8 000
	xv . Resuscitation/Monitoring Equipment	1 set per OT	
	- trolley with drugs #		2 000
	- Defibrillator #		24 000
	- Ventilator #		13 000
	- Intubation sets #		3 000
	- Infusion pump #		9 000
	- Suction pump #		8 000
	- Pulse Oximeter #		6 000
	- Oxygen Cylinders #		2 000
	xvi. Patient transport and transfer trolley #	2 per OT	14 000
	xvii. Surgical Consumables @	To support up to 10 operations per day	
C. Sterilization Room	**I. Autoclave Sterilizer #**	2 sets	80 000
	ii. Boiler #	2	8 000

FACILITY	ITEM	QUANTITY	COST (US $)
	iii. Disinfection Equipment @	2 set	14 000
	iv. Fire extinguisher @	1	800
	v. Furniture and supplies @	Adequate	2000
	vi. Machine for cleansing surgical instruments #	1 or 2	5600
IV. WARDS A. General Multi-discipline Wards	I. Collapsible Multi-purpose Hospital Beds #	50 beds (25 per ward)	50 000
	ii. Orthopaedic Traction Equipment #	4 sets per ward	9600
	iii. Mini-dispensary (trolley) #	1 per ward	2400
	iv. Essential medical supplies and equipment for inpatient care. @	Adequate quantity based on number of beds	
	v. Furniture, office supplies etc. @	Adequate quantity	
	vi. Utensils for catering food to patients #	For 50 inpatients	10 000
	vi. Crutches #	8 sets	800
	viii. Wheel chairs #	4 sets	4800
	ix. Cloths patients	2 sets	20 000
B. Intensive Care Ward	I. Intensive care hospital beds #	4 beds	6000

FACILITY	ITEM	QUANTITY	COST (US $)
	ii. Resuscitation/Monitoring Equipment #	2 sets	
	- trolley with drugs #		2 000
	- Defibrillator #		24 000
	- Ventilator #		13 000
	- Intubation sets #		3 000
	- Infusion pump #		9 000
	- Suction pump #		8 000
	- Pulse Oximeter #		6 000
	- Oxygen Cylinders #		2 000
V. SUPPORT SERVICES A. Kitchen	I. Cooking Equipment # - Stoves - Ovens - Boilers - Cooking pots, pans, utensils	1 set (to cater for 50 inpatients)	50 000
	ii. Serving Equipment #	1 set (to cater for 90 staff)	4500
	iii. Cooking Equipment *a* - Stoves - Ovens - Boilers - Cooking pots, pans, utensils	1 set (to cater for 90 staff)	90 000
	iv. Serving Equipment *a*	1 set (to cater for 50 inpatients)	2500
	v. First Aid Kit *a*	1	
	vi. Dishwashers #	2	4000
	vii. Cleaning equipment #	2 sets	2000
	viii. Fire Extinguisher *a*	2	1600
B. Laundry For Hospital Use	I. Clothes Washing Machines #	3 machines	4500
	ii. Clothes Dryers #	2 machines	3000
	iii. Detergents and supplies *a*	Adequate	

FACILITY	ITEM	QUANTITY	COST (US $)
C. Storage /Supplies Room	I. Storage shelves #	Adequate quantity	13 000
	ii. Storage cupboards/cabinets #	Adequate quantity	7000
	iii. Refrigerator #	2 or 3	2400
D. Maintenance	I. Equipment and tools for routine maintenance of equipment and infrastructure #	2 sets	10000
	ii. First Aid Kit @	1 set	
E. Communications Room	I. Telephone @	2 sets	4000
	ii. Internal Telephone System @	1 set	2000
	iii. Facsimile @	1 set	1000
	iv. Computer with electronic mail @	1 set	3000
	v. Furniture and stationery @	adequate quantity	1000
	vi. VHF/UHF Radio @ - with links to CO and Forward Medical Teams	1 set	5000

FACILITY	ITEM	QUANTITY	COST (US $)
F. Transportation	I. Fully equipped Ambulances # Includes: - Doctor's Bag # - Oxygen cylinders # - Suction pump # - Resuscitation drugs # - Helicopter landing site Marking equipment # (smoke grenades, luminous sticks, luminous Sheets etc. - Emergency lighting # - Communication eqpt. # (VHF/UHF)	2 fully equipped ambulances	160 000 3 000 3 000 2 000 1 000 200 200 800
	ii. Vehicle maintenance equipment #	2 sets	10 000
	iii. First Aid Kit *a*	1 set	
	iv. Furniture and stationery *a*	Adequate quantity	3800
G. Generator Room	I. Standby Generators(> 20 KW) #	3 sets	28 500
	ii. Maintenance Equipment #	1 set	6 000
	iii. First Aid Kit *a*	1 set	
	iv. Fire extinguisher *a*	1	800
H. Fuel Storage	I. Fuel for Generators *a*	1 week's supply	
	ii. Fire Extinguishers *a*	2 sets	1600
I. Staff Room	I. Lounge Furniture *a*	1 set	2000
	ii. Other furniture *a*	Adequate quantity	8400
	iii. Coffee maker/other beverage appliances *a*	1 set	4000

FACILITY	ITEM	QUANTITY	COST (US $)
J. Sanitation And Waste Disposal	I. Toilet Facilities and sanitation system #	Adequate 50 inpatients as well as 50 outpatients	30 000
	ii.Toilet Facilities and sanitation system@	Adequate for 90 staff	60 000
	iii. Shower facilities and systems #	For inpatients	25 000
	v. Hand washing facilities and systems for staff throughout the hospital #	As per medical hygiene requirement	20 000
	vi. Refuse Disposal facilities and system #	Adequate	16 000
	vii. Medical disposables (contaminated) collection and disposal system (oven) #	Adequate	10 000
	viii. Biological waste disposal system #	Adequate	10 000
	ix. Water Supply (reverse osmose) #	Adequate	150 000
Value of medical equipment #		2 052 500	
Value of non=medical equipment @		267 100	

Appendix II

United Nations requirements for the provision of medical supplies

Drugs, medical consumables (sterile or non-sterile), dental, laboratory, hygienic, blood and other health supplies used in United Nations peacekeeping operations

Policy within the Department of Peacekeeping Operations

The rules and regulations stipulated below must be implemented in all medical support matters within the Department of Peacekeeping Operations, including in procurement via the following:

(a) Procurement action through the Procurement and Transportation Division, Headquarters, New York;

(b) Local procurement in DPKO field missions;

(c) Self-sustainment contracts of troop-contributing countries or provision of medical supplies on the basis of a letter of assist;

(d) Donations from other agencies, manufacturers, vendors, Governments and other parties.

Rules and Regulations

Quality assurance and quality control of medical supplies (drugs and medical consumables)

All medical supplies and consumables used within the Department of Peacekeeping Operations must meet the United Nations standard (international standard). For a definition of "international standard", see:

United Nations Medical Support Manual "Medical support policies and procedures";[1]

Ibid., Annex Z "Quality assurance and quality control; product liability".[2] (For the complete text, see appendix III.)

Requisitions/Purchase orders

Each requisition and/or purchase order must contain the following information:

Quality assurance/product liability requirement (Annex Z) [appendix III]; including package/storage (cooling chain) requirements following World Health Organization/International Rules of Pharmacopoeia;[1,7-20]

- Generic name/description;[1,5,6]
- Form/presentation/type;
- Strength;
- Unit of issue (package size);
- Shelf-life requirements/expiration dates:
  - Usually for drugs: at least 2 years;
  - For vaccines: at least 6 months;
  - For blood: at least 4 weeks;
- Quantity requested;
- Terms of delivery:
  - Usually within 4 weeks after ordering;
  - No partial delivery accepted;
  - Transportation according to rules of "United Nations recommendations on the transport of dangerous goods";[3] and the International Air Transport Association (IATA) rules on dangerous goods-regulations;[4]
- Package/storage requirements (cooling chain);[3,4,7]
- Labels must show generic names and instructions (how to use the drug) and must be in the English language.[6]

Notes

[1] United Nations Medical Support Manual, (Medical Supply Unit, DPKO), revision 1, September 1996.

[2] United Nations Medical Support Manual, (Medical Supply Unit, DPKO), January 1996, annex Z (contained in appendix III below).

[3] Recommendations on the transport of dangerous goods, 9th rev. ed., United Nations, New York, 1995.

[4] International Air Transport Association, Dangerous Goods-Regulations, 35th ed. (Montreal/Geneva, 1994).

[5] The Use of Essential Drugs, 8th List, Sixth Report of the WHO Expert Committee (WHO, 1995).

[6] International Non-proprietary Names (INN) for Pharmaceutical Substances, List No. 8 (WHO, 1992).

[7] The International Pharmacopoeia, 3rd ed., vols. 1-4 (WHO, 1994).

[9] WHO Expert Committee on Biological Standardization, 42nd report, Technical Report Series No. 822. "GMP" – "Quality Assurance" (WHO, 1992).

[9] WHO Expert Committee on Biological Standardization, 32nd report, Technical Report Series No. 823. "GMP" – "Guidelines – Manufacturers" (WHO, 1992).

[10] WHO Expert Committee on Specifications for Pharmaceutical Preparations, 31st report, Technical Report Series No. 790 (WHO, 1990).

[11] WHO Expert Committee on Biological Standardization, 41st report, Technical Report Series No. 814. "Blood Products" – "Quality Assurance" (WHO, 1992).

[12] WHO Expert Committee on Biological Standardization, 43rd report, Technical Report Series No. 840. "Blood Products" – "Quality Assurance" – "Requirements for the Collection, Processing and Quality Control of Blood, Blood Components and Plasma Derivatives"(WHO, 1992).

[13] WHO Expert Committee on Biological Standardization, 44th report, Technical Report Series No. 848. "Blood Products" – "Quality Assurance" (WHO, 1992).

[14] WHO Expert Committee on Biological Standardization, 45th report, Technical Report Series No. 858. "Guidelines for Manufacturers" – "Quality Assurance" (WHO, 1992).

[15] The Collection, Fractionation, Quality Control and Uses of Blood and Blood Products (WHO, 1981).

[16] WHO Expert Committee on Specifications for Pharmaceutical Substances, 29th report, Technical Report Series No. 704. "WHO Qualification Scheme on Quality of ..." (WHO, 1984).

[17] Safe Blood and Blood Products: Guidelines for Safe Blood Transfusion Practices, Blood Donation, Screening for HIV, Blood Group Serology (WHO, Geneva, 1993).

[18] WHO Drug Information (WHO, 1993).

[19] WHO Expert Committee on Specifications for Pharmaceutical Preparations, 27th report, Technical Report Series No. 645 (WHO, 1980).

[20] Guidelines for Developing National Drug Policies (WHO, 1988).

Appendix III

Quality Assurance and Quality Control; Product Liability*

1. All products supplied by your company shall be produced in accordance with the good manufacturing practices (hereinafter "GMP") in the country of manufacture and the GMP shall be consistent with international standards. For the purposes of this Agreement, "international standards" shall mean standards according to WHO Manufacturing Practices for Biological Products.

2. The production of the products and the products themselves shall meet strict quality assurance and quality control (hereinafter "QA/QC") standards that are established for pharmaceutical products provided that said standards are consistent with international QA/QC standards. For the purposes of this Agreement, "international standards" shall means standards according to the WHO Requirements for the Collection, Processing and Quality Control of Blood, Blood Components and Plasma Derivatives.

3. The Company shall permit a duly authorized representative of the buyer, upon reasonable notice, to inspect the premises of the Company from time to time to ascertain that the provisions of this article are being complied with by the Company.

4. In the event that the Company, at any time, fails to meet GMP or QA/QC standards as provided for in this article, the Company shall immediately, at the direction of the buyer or the Government of the country, recall all products not yet sold and cease further sales until such standards are met.

* Annex Z of the United Nations Medical Support Manual (see appendix II).

Appendix IV

Revised communication performance standards

1. The telephone is the preferred means of communications for the contingent; it will be utilized as much as possible for internal communications within the headquarters, and with non-mobile sub-elements and subunits of the contingent located in the main base cap. The requirement for VHF/UHF-FM and HF communications within the area of operations will be determined during the site survey and is subject to negotiation with the troop-contributing country. The standards for each communication's subcategories are defined below, in order of usage preference. To receive the communications self-sustainment reimbursement rate, the contingent must meet the following criteria:

Telephone

2. The contingent will utilize the telephone as its primary means of internal communications within the main base camp. The contingent headquarters and stationary sub-elements (such as offices, workspaces, observation posts, guard posts, etc.) and subunits, located at the main base camp, will be wired into the telephone system, as early into the operation as possible, in order to maximize the use of telephonic communications. The telephone system that is deployed should have the ability to interface with the telephone system that is provided on the mission level. The interface could be on the most simple level (i.e., two-wire trunk or better). This would then allow the contingent the ability to access the local PTT system, in cases where such systems are available. Reimbursement will be based upon the number of personnel in the main base camp and those elements of the contingent at other locations that are served by authorized contingent-provided telephone services. To receive the self-sustainment reimbursement rate, the contingent will:

(a) Provide, install, operate and maintain a switchboard and telephone network that is capable of maintaining telephonic communications within the main base camp;

(b) Provide, install and maintain adequate numbers of telephone instruments to the contingent and its subunits and sub-elements within the area of operations (this includes all cable, wire, and connectors, and other hardware that may be required);

(c) Provide a sufficient stock of spare parts and consumables to support operations, and the repair or replacement of malfunctioning equipment.

VHF/UHF-FM Communications

3. VHF/UHF-FM communications will be used as the primary means of radio communications with subunits and sub-elements of the contingent that are in a tactical or mobile environment, and thus unable to communicate via telephonic means. While VHF/UHF-FM communications may be used by the contingent as a means of backup communications to the telephone, this type of usage in itself is not a sufficient reason for reimbursement. Reimbursement will be based on the number of personnel in the contingent. To receive the self-sustainment reimbursement rate, the contingent will:

(a) Maintain one command-and-control net down to the subunit (section/squad) level;

(b) Maintain one administration net;

(c) Maintain one dismounted patrol and security net or other primary non-vehicle mounted net;

(d) Provide a sufficient stock of spare parts and consumables to support operations and the repair or replacement of malfunctioning equipment.

HF communications

4. HF communications will be used as the primary means of communications with subunits and sub-elements of the contingent that are operating within the area of operations that are beyond range of VHF/UHF-FM communications assets and are operating in a tactical or mobile environment, and thus unable to communicate via telephone or VHF/UHF-FM. While HF communications may be used as a backup means of communication to the telephone or to VHF/UHF-FM communications, this type of usage in itself is not a sufficient reason for reimbursement. Additionally, the use of HF communications solely as a means of national rear-link will not be reimbursed. Reimbursement will be based on the authorized number of personnel in the subunits and sub-elements of the contingent operating within the areas of operations beyond the range of VHF/UHF-FM communications assets and are operating in a tactical or mobile environment, and thus unable to communicate via

telephone or VHF/UHF-FM. To receive the self-sustainment reimbursement rate, the contingent will:

(a) Communicate with subunits and sub-elements of the contingent that are in a tactical or mobile environment, and thus unable to communicate via telephonic means, and beyond the range of VHF/UHF-FM base station communications;

(b) Provide a command-and-control net using non-vehicular mounted HF communications equipment;

(c) Provide a sufficient stock of spare parts and consumables to support operations and the repair or replacement of malfunctioning equipment.